

**WOMEN'S HEALTH AND PAEDIATRICS  
 MATERNITY UNIT**

**Antenatal Expression and Storage of  
 Colostrum (Harvesting)**

Issue	Date Issued	Brief Summary of Change	Author
1	14/11/2017	New Guideline	Jo Wilding Infant feeding lead midwife

For more information on the status of this document, please contact:	Jo Wilding
Policy Author	Jo Wilding
Department/Directorate	Women's Health and Paediatrics
Date of issue	November 2017
Review due	November 2020
Ratified by	Women's Health Guidelines Group
Audience	Staff working within the Maternity and Neonatal Services

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### See also:

- Immediate care of the newborn
- Infant Feeding Guideline
- Parents' guide to the infant feeding guideline
- Guideline for Bed Sharing
- Hypoglycaemia guideline

**Executive Lead:**      **Jane Urben Divisional Chief Nurse/Midwife**

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## Executive summary

The purpose of this Guideline is to advise staff within the maternity unit on how to provide advice to those women considered at risk

The Associate Director of Midwifery will facilitate the achievement of this guideline through representation of the maternity service at commissioning level thereby influencing the funding of the maternity service in achieving BFI status.

## 1. Introduction

Until the late 1970's all women were encouraged to express colostrum during late pregnancy. This practice was discouraged following concerns that nipple and breast stimulation and the consequent release of oxytocin could lead to premature labour. This theory has not been supported by reliable evidence.

Women with any form of diabetes in pregnancy and any planned deliveries before 37 weeks gestation who wish to breastfeed, should be encouraged to hand express their colostrum antenatally and store it for the postnatal period when it can be used as necessary; this can help eliminate/reduce the need for formula supplementation.

The key report of the MBRRACE Diabetes programme recommends exclusive breastfeeding for infants at risk of hypoglycaemia, as breast milk appears to promote ketogenesis and formula supplementation may suppress the process of metabolic adaptation. Infants of mothers with type 1 diabetes have a genetic risk of inheriting the disease themselves. Studies have found a connection between exclusive breastfeeding or late introduction to cows' milk protein and a reduced risk of insulin-dependent diabetes mellitus. However, infants of diabetic mothers are more likely to be substituted with cows' milk formula, due to unstable blood glucose levels after birth. Preterm babies are also at risk of hypoglycaemia and should follow the above regime.

Colostrum is the optimum source of nutrition for the newborn baby as it is antibody rich, has high bioavailability, it increases gut peristalsis and aids the passage of meconium. Colostrum also aids in the activation of early protective immunological responses in the infants gut and therefore should be the first food given to infants.

However, some infants are at risk of receiving infant formula before colostrum in the first few days after birth due to a number medical conditions and barriers to early breastfeeding.

Antenatal expression and storage of colostrum during pregnancy can reduce the need for and/or amount of infant formula given to at risk infants after birth and ensure that the first food is colostrum.

Infants who are at risk of hypoglycaemia in the first few hours after birth have an increased chance of being given infant formula to stabilise their blood sugar levels. Infants of mothers with diabetes are particularly at risk of hypoglycaemia in the first few hours after birth and antenatally expressed colostrum can be very useful to stabilise the infant's blood glucose levels until breastfeeding becomes established.

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Infant formula contains bovine serum albumin which is associated with generating an auto-immune response linked to an increased risk of Type 1 diabetes mellitus particularly where there is a strong family history of diabetes.

## 2. Scope

This guideline is intended for all midwives and obstetricians

## 3. Purpose

### Aims

- To provide guideline to all Midwifery and medical staff in the antenatal expression and storage of colostrum.
- To promote the short and long term health benefits of breastfeeding for infants of diabetic mothers and preterm infants.
- To educate diabetic women and those women who are having a planned preterm delivery i.e. intrauterine growth restriction in the antenatal period of the importance of early and regular breastfeeds, skin to skin contact and thermo-regulation of the new born.
- Emphasise the importance of antenatal hand expressing to reduce the risks of hypoglycaemia and formula supplements.
- All relevant health care professionals involved in the care of pregnant women to be made aware of the benefits of antenatal hand expression and storage of colostrum.

### Objectives

- Explain the benefits of breastfeeding including improved blood glucose control of newborn infants to diabetic women and expected preterm infants in the antenatal period.
- To prevent the risks of neonatal hypoglycaemia and its consequences.
- To empower women to play an active role in the care of their newborn by implementing hand expression from 36 weeks gestation.
- To improve breastfeeding initiation and maintenance.

### Desired Outcome

- Antenatal expression will allow storage of colostrum which will reduce the need for infant formula in the early days for at risk infants.
- Antenatal expression of colostrum will increase the mother's awareness of how her breasts function and increase confidence with breastfeeding.

### Indications Antenatal risk factors:

- Women with diabetes in pregnancy (pre-existing or gestational)
- Infants with antenatally diagnosed cleft lip and/or palate and congenital conditions (e.g. Downs syndrome, cardiac conditions)
- Mothers having an elective LSC
- Infants with intrauterine growth restriction.

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- Women with breast hypoplasia.
- Women with hyperandrogenesis (polycystic ovarian disease)
- Women who have had breast surgery.
- Women with multiple sclerosis
- Strong family history of dairy intolerance or inflammatory bowel disease.
- Women who feel strongly that their baby should not receive infant formula

For the purpose of this guideline we are going to focus on promoting antenatal hand expressing for mothers with diabetes and planned preterm deliveries although antenatal expressing can be beneficial in any of the above circumstances.

#### Contraindications

The antenatal expression of colostrum is contraindicated in the following circumstances;

- History of threatened/actual premature labour.
- Current threatened premature labour where the mother is having tocolytic/suppressive treatment
- Cervical incompetence.
- Cervical suture in situ.
- Multiple pregnancies.

#### Issues to consider

- Nipple stimulation and its effect on uterine contractions
- Nipple stimulation at term may assist with cervical ripening. If done for up to 45 minutes 3 x day.
- Nipple stimulation will not augment labour.
- Women can successfully breastfeed throughout pregnancy (i.e. feed a toddler).
- There is no significant relationship between nipple stimulation and inducing labour.

In recognition that nipple stimulation may cause uterine contractions it is recommended that women;

- Commence daily expression between 36 and 37 weeks gestation.
- Start with 3-5 minutes on each breast.
- The total time expressing once proficient should only be 5-10 minutes at each session but be done more than once a day.
- Painless Braxton Hicks contractions are acceptable whilst hand expressing. Advise the woman to stop expressing if the uterine contractions become regular and painful.

#### 4. Explanation of terms

Colostrum - the antibody rich first milk, providing immunity and protection to newborns. It also acts as a laxative that speeds up the passage of meconium, reducing the risk of jaundice by limiting re-absorption of bilirubin. The small volumes of colostrum that are

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produced are appropriate for the baby's needs and help prevent the kidneys being overloaded.

Secretory Immunoglobulin A (SIgA) - is the predominant antibody in colostrum and this protects the infant by preventing adherence of pathogens to the mucous membranes of the respiratory tract and gastro-intestinal tract. It protects against serious illnesses such as gastroenteritis, respiratory illness and necrotising enterocolitis.

Bifidus Factor - supports the growth of Lactobacillus bifidus in the gut that in turn suppresses the growth of pathogenic bacteria.

Hypoglycaemia -a fall in blood glucose levels. Neonatal hypoglycaemia is not a medical condition in itself, but a feature of illness or of a failure to adapt from the fetal state of continuous trans-placental glucose consumption to the extra-uterine intermittent nutrient supply.

Late Lactogenesis - in women with Type 1 Diabetes this has been thought to be caused by infrequent breastfeeding or breast expression, and too frequent use of formula supplementation.

## 5. Duties and responsibilities

- A letter (appendix 1) and information sheet (appendix 2) should be given to all diabetic women and women with planned preterm deliveries attending the antenatal clinic and/or antenatal diabetic clinic by 32 weeks.
- A member of ANC will then contact the Infant Feeding Specialist Midwife/Diabetic Midwife/ ANC Coordinator by email with the mother's name, EDD and contact details.
- The Infant Specialist Midwife/Diabetic Midwife/ ANC Coordinator will then contact the woman to arrange a mutually convenient time to meet for further discussion.
- If the woman decides to express during the antenatal period she will have an opportunity for discussion/teaching from the Infant Specialist Midwife/Diabetic Midwife/ANC Coordinator and be provided with a selection of 1, 2 and 5ml syringes, a galipot, sticky labels and bungs. The woman will be asked to provide her own sandwich bags for storing the syringes in the freezer.

How to teach hand expressing and storage of colostrum in the antenatal period.

- Provide the woman with the Patient information leaflet" Off to the Best Start "leaflet by Unicef. (stored in the postnatal ward)
- Make sure both you and she have washed your hands prior to teaching.
- Explain the importance of being comfortable and relaxed.
- Explain the benefit of applying warmth to the breast or suggest the mother has a bath/shower before expressing to encourage the release of oxytocin.
- Using the knitted breast show the mother how to gently stroke towards the nipple and to roll the nipple to stimulate the let-down reflex.
- Show her where to place her fingers, 4 fingers underneath the breast and the thumb just above the areola (where she feels a slight change in texture - creating a 'C' shape).
- Demonstrate using the knitted breast how she needs to gently squeeze her fingers and thumb pads (not fingertips) together, back towards the chest wall into the breast tissue, and then release the pressure.
- The fingers should be well away from the nipple.
- She should not squeeze or pinch the nipple.

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- Then get the woman to repeat the action in a rhythm similar to babies sucking, press and release, press and release etc.
- Explain that once the colostrum starts to drip/flow easily she can start collecting it in a small (1 or 2ml) syringe.
- When milk ceases to flow, she can rotate the position of her fingers and thumb around the areola and repeat the expressing action.
- Swap to the other breast when flow slows down.
- Aim, to use both breasts at least twice each session.
- Colostrum can be collected 2-3 times on the same day and stored in the same syringe. The syringe should be sealed off with a bung and kept in the back of a refrigerator between uses at a maximum temp of 4oC.
- At the end of the day the colostrum should be frozen in a sandwich bag. Ensure it is labelled with the woman's name and date of expressing.
- The colostrum can be stored for 3 months in the freezer at -18o C.
- The woman can bring some or all of her frozen colostrum in to hospital when she is admitted for the birth of her baby. She should hand it to staff as soon as she is admitted for storage in the breast milk fridge on Joan Booker ward and if it is unlikely that the colostrum will be used within 24 hours (the woman may not deliver within 24 hours) then the colostrum will be stored in the freezer on JB ward. The freezer will be maintained and monitored in accordance with trust guidelines for storage of products for human consumption.
- In the event that the baby is transferred to NICU on delivery than the delivering midwife should alert the NICU nurse caring for the baby so that all stored colostrum may be transferred to the NICU freezers for use by the baby on NICU.
- Defrosted milk should be used or discarded within 24hrs.
- The colostrum should be clearly labelled with her name and the date it was removed from the freezer. Defrosted breast milk needs to be used within 24 hours.

## Equipment

When teaching a woman how to hand express use:

- A knitted breast
- Diagram of the breast
- 'Expressing and storage of your colostrum antenatally' patient information leaflet
- (Appendix 2)
- 
- For the storage of colostrum at home;
- 1ml, 2ml and 5ml syringes
- Bungs for capping off the syringes
- Plastic sandwich bags
- Labels to record woman's details (name and date of birth or hospital number and date of collection.)

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## 6. Training

All new maternity and NICU staff receive one day mandatory breastfeeding training within six months of starting with the Trust. This training will include how to implement this guideline. All maternity and NICU staff receive mandatory annual breastfeeding updates which will include training on this guideline.

## 7. Stakeholder engagement and communication

The consultation process for all new guidelines includes sending the guideline out to Obstetricians, Neonatologists, Supervisors of Midwives, Midwifery managers and the maternity services liaison Committee representatives.

## 8. Approval and Ratification

This Guideline will be considered by the Maternity Guideline Group and ratified by the Women's Health Governance Group.

## 9. Dissemination and Implementation

The Infant feeding lead midwife will coordinate the implementation of this guideline providing support and guidance on implementation to those staff where the need is identified. The ratified guideline will be available electronically either on the desk top/public folders or the intranet. This guideline will be effective from the date of ratification.

The Infant Feeding Team is responsible for facilitation of guidance monitoring and identification of adverse trends in harvesting practice within the maternity service.

## 10. Review and Revision Arrangements

This Policy will be reviewed and update 3 yearly.

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
e.g. All policies will be reviewed by their authors at least annually to ensure that they remain valid and in date	Compliance audit of sample of policies (including Review History)	Annual	Associate Director of Quality	Management Executive

**Appendix 1.**  
 Midwife ANC Team Leader  
 Antenatal Clinic

Tel 01932 722389

Date:

Dear.....

If you would like to discuss antenatal hand expression following the decision that has been made for your baby to be delivered early by induction of labour; we can offer advice on this to help you to reduce the risk of giving formula milk in the first day or two of your baby's life.

All babies that are born early can need extra help with feeding in the first few days and can benefit from being given small amounts of their mother's colostrum (first milk) that she has expressed and stored in a freezer in the last few weeks before birth. This is particularly important for babies born to diabetic mothers.

If you would like to meet with a midwife (who specializes in infant feeding and/or diabetes) for further information about antenatal expression of your colostrum for your baby please return the slip below to Antenatal Clinic (ANC) reception and one of us will contact you to arrange a convenient appointment.

Regards,

Jo Wilding Lead Midwife for the Infant Feeding Team.

.....cut.....  
 .....

Please send to or hand it to a member of the diabetic clinic team.  
 Ashford and St Peters Hospital Trust, ANC, Abbey Wing, Guildford Road, Chertsey Surrey.  
 KT16 0PZ

**Request for Harvesting Advice**

My name is.....

My baby is due on...../...../.....

Please phone me on..... to arrange an appointment to discuss hand expression for my baby and/or antenatal expression and freezing of colostrum for use in the first few days after birth.

**OFFICE USE**

Laura Attwell / Jo Wilding contacted/emailed..... YES    Date ...../...../.....  
 Laura.attwell@nhs.net  
 Jo.wilding-hilcoat@nhs.net

Signed..... Name (please print).....

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## Appendix 2

### Expression and Storage of your colostrum before your baby is born. (Harvesting)

#### Information sheet for mothers.

#### Why breastfeed?

Breast milk is specifically produced for your baby. It will protect your baby from many diseases both early and later on in life. It can reduce the incidence of gastroenteritis, chest and ear infections. It reduces the incidence of type 1 diabetes, obesity, heart disease and assists in better brain development. It may also protect you from breast cancer, ovarian cancer and osteoporosis.

Colostrum, the milk first available when the baby is born, is the best food for your baby and will help maintain your baby's blood sugar at a normal level.

From 36 weeks of pregnancy you may wish to begin to hand express and store some colostrum; this is called 'colostrum harvesting'. Any stored colostrum can be given to your baby if he is unable to breastfeed at the time of birth or if his blood sugar level is low and he needs extra food.

#### How to hand express

- It can be helpful to shower or have a bath before expressing; alternatively you can use some warm cloths and gentle massage prior to expressing as a way of stimulating the flow of colostrum.
- Start by getting comfortable, ensuring you are as relaxed as possible, washing your hands and have your sterile syringe to hand.
- Cup your breast and feel back from the end of the nipple to where the texture feels different.
- Avoid sliding your fingers over the skin.
- Using your thumb and the rest of your fingers in a C shape, gently squeeze this area - this should not hurt.
- Release the pressure and repeat several times, building up a rhythm.
- At first, only drops will appear, but keep going, as it will build up your supply.
- When the flow slows down, move your fingers round to try a different section of your breast and repeat.
- When the flow slows or stops, swap to the other breast and repeat.
- If colostrum does not appear, try moving your fingers slightly towards the nipple or further away. Sometimes it can help to try a gentle breast massage.
- Initially you may not get any colostrum or a few drops only; this is normal, do not get disheartened.
- Remember a new born baby's stomach is only as big as a marble - so they will only need small amounts of colostrum at each feed.
- Do not worry if you cannot express colostrum, we will help you once your baby is born.

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The midwife or maternity support worker in the antenatal clinic will show you how to hand express or preferably come to the weekly Infant feeding workshop at 32/34 weeks. (Book on 01932 722366/2370

### How to collect the colostrum

Colostrum is thick and sticky milk and you are likely to only get a very small quantity each time possibly only a glisten or a few drops to start with. Therefore, a small syringe is the most suitable container to collect it in. The midwife in the antenatal clinic will give you a supply of sterile syringes and stoppers. You can start to express between 36-37 weeks into your pregnancy. Start by expressing for no more than 3-5 minutes. This can be built up to as often as you wish to about 10 – 20 minutes. Babies will require a minimum of 8 feeds a day for between 5 and 35 minutes.

Start by hand expressing twice a day. Very occasionally expressing can stimulate contractions.

**If these occur then you need to stop and wait until labour starts or induction of labour is due.**

You may find that when you express you feel your womb going hard and relaxing – this is called ‘Braxton Hicks’ contractions. Don’t worry about these, unless they begin to feel like period type cramps or mild labour contractions. This is rare, but if this happens, you should stop expressing and rest.

If they don’t stop and you think you might be in labour, you should telephone the Delivery Suite triage on 01932 722361.

- Collect and store every single drop of colostrum you express. Remember, it is precious food for your baby.
- Either use the syringe to suck up drops of colostrum or remove the plunger and scoop colostrum into the barrel of the syringe, making sure a stopper is placed on the other end.
- If you should produce more than the syringe can hold then a small lidded **sterile** container can be used.
- Label each syringe or if easier put it in a plastic bag & label the bag with your name, hospital number and date of birth as well as the date and time the colostrum was expressed and frozen. This is essential so that it can be stored and used for your baby.
- Keep the syringe in the back of the fridge between expressing times and continue to use during the day for up to 24 hours & then freeze immediately once full/half full/at the end of each day

### How to transport the colostrum to the hospital

- Place the frozen colostrum in a zip bag or small box in a cool bag with frozen ice packs.
- Bring in to the hospital when you come in in labour or to be induced, this should be frozen as once defrosted the colostrum must be used with 24 hours so only bring a few syringes at a time. Store in the milk fridge or if frozen in the freezer both on the Joan Booker ward, ensuring that all syringes are correctly labelled.
- The ward staff will assist and support you with this and will show you how to give the colostrum to your baby if it is needed.

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**Contact numbers for further advice**

Antenatal clinic midwife. Tel: 01932 722388

Diabetic specialist midwife. Tel 01932 723687

Infant Feeding specialist midwife. Tel: 01932 726375 / 077468 701479

**Useful resources**

DVD 'From bump to Breastfeeding'. DoH 'Off to the best start'. DoH and UNICEF

National Breastfeeding helpline, 0300 100 0212

Expressing your milk before baby arrives: antenatal expression of colostrum: Association of Breastfeeding Mothers : abm.me.uk

[www.breastfeeding.nhs.uk](http://www.breastfeeding.nhs.uk). <http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/breastfeeding-positioning-attachment.aspx#close>  
[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

**References**

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## **APPENDIX 3: EQUALITY IMPACT ASSESSMENT**

### **Equality Impact Assessment Summary**

**Name and title:** Jo Wilding Lead Midwife for the Infant Feeding Team.

**Policy:** Antenatal Expression and Storage of Colostrum (Harvesting)

<p><b>Background</b>            Description of the aims of the guideline            Context in which the guideline operates            Who was involved in the Equality Impact Assessment</p>
<p><b>Methodology</b>            A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)            The data sources and any other information used            The consultation that was carried out (who, why and how?)</p>
<p><b>Key Findings</b>            Describe the results of the assessment            Identify if there is adverse or a potentially adverse impacts for any equalities groups</p>
<p><b>Conclusion</b>            Provide a summary of the overall conclusions</p> <p>Guideline is inclusive of all women</p>
<p><b>Recommendations</b>            State recommended changes to the proposed policy as a result of the impact assessment            Where it has not been possible to amend the policy, provide the detail of any actions that have been identified            Describe the plans for reviewing the assessment</p>

## **APPENDIX 4: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS**

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

**Title of the document:** Antenatal Expression and Storage of Colostrum (Harvesting)

**Policy (document) Author:** Jo Wilding Lead Midwife for the Infant Feeding Team.  
**Executive Director:**

		Yes/No/ Unsure/ NA	<u>Comments</u>
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
<b>2.</b>	<b>Scope/Purpose</b>		
	Is the target population clear and unambiguous?		
	Is the purpose of the document clear?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
<b>3.</b>	<b>Development Process</b>		
	Is there evidence of engagement with stakeholders and users?		
	Who was engaged in a review of the document (list committees/ individuals)?		
	Has the policy template been followed (i.e. is the format correct)?		
<b>4.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?		
	Are local/organisational supporting documents referenced?		
<b>5.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve/ratify it?		
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?		
<b>6.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		

		Yes/No/ Unsure/ NA	<u>Comments</u>
<b>7.</b>	<b>Process for Monitoring Compliance</b>		
	Are there measurable standards or KPIs to support monitoring compliance of the document?		
<b>8.</b>	<b>Review Date</b>		
	Is the review date identified and is this acceptable?		
<b>9.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?		
<b>10.</b>	<b>Equality Impact Assessment (EIA)</b>		
	Has a suitable EIA been completed?		

#### **Committee Approval Women's Health Guidelines Group**

If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner

<b>Name of Chair</b>	<b>Julie Comer</b>	<b>Date</b>	<b>23/11/2017</b>
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#### **Ratification by Management Executive (if appropriate) Jane Urben**

If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner

**Date: 23/11/2017**

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