

JOURNAL FOR MATERNITY CARE AND NICU *Beginnings*

01 2025

Calling First Responders

Clinical pathways for
proactive lactation support

Introducing the next generation

Magic InBra™'s
exciting technologies

Taking good care

Science-based
breastfeeding solutions

medela 

Turning Science into Care

Dedicated to

Breastfeeding

For more than 60 years, Medela has been dedicated to advancing breastfeeding and lactation through science, research, education, and innovative solutions. In order to strengthen this focus and ensure alignment with the World Health Organization's International Code of Marketing of Breast Milk Substitutes, Medela has made a pivotal change to its portfolio.

Taking effect on July 1, 2025, As of July 1, 2025, Medela has ceased the global manufacturing and sale of feeding bottles, teats, and pacifiers, following the end of all marketing activities in June 2023. These steps reflect our firm and long-term commitment to the principles of the WHO Code and to protecting and promoting breastfeeding worldwide.

This decision, led by Chairman Michael Larsson, CEO Thomas Golücke, and fully supported by the Board of Directors and Group Management, reaffirms Medela's mission to champion breastfeeding globally. By removing products that might fall within the scope of the WHO Code, Medela strengthens its collaboration with the research, breastfeeding, and lactation communities.

Empowering mothers, families, and healthcare professionals

We remain focused on supporting breastfeeding families worldwide, ensuring that every baby has access to breast milk – the best possible nutrition for a strong start in life – while pursuing this goal with clarity, care and dedication. As part of this commitment, we empower healthcare professionals, mothers, and families with new insights from lactation and breastfeeding research, education on the topic, and innovative solutions in pumping and breast care. These efforts are designed to support, protect, and promote breastfeeding, while addressing challenges such as achieving a full milk supply and enabling successful direct breastfeeding.

Learn more about our firm commitment to the WHO Code, the strategic rationale behind this decision, and the key milestones on our transition journey.



Content

02 Dedicated to Breastfeeding
Fully committed to the WHO Code

04 Calling First Responders
Highlighting clinical pathways for proactive lactation support

14 Discovering the Magic
Introducing the next generation of personal breast pumps

18 Taking Good Care
A quick guide to science-based breastfeeding solutions

Medela UK Ltd
Northbank Industrial Park, Irlam, M44 5EG, United Kingdom
Telephone: 0161 776 0400,
E-Mail: info@medela.co.uk; www.medela.co.uk

Editing and text:
Medela Medizintechnik GmbH & Co. Handels KG
Design: www.ruheundsturm.de, München

Image sources:
Medela Medizintechnik GmbH & Co. Handels KG;
Adobe Stock: 306877583, 430354398, 441151372, 550895316, 168123422, 21748861, 251572501,

Calling *First Responders*

Clinical Pathways for Proactive Lactation Support

Breastfeeding rates continue to be suboptimal, with less than 50% of infants receiving an exclusive human milk diet for the first 6 months.¹ While there are many contributing factors, a recent international roundtable of nurse midwives, led by a PhD lactation nurse, found that to improve short-term exclusive breastfeeding and long-term breastfeeding duration, early identification and management of specific maternal and infant risk factors is paramount. They identified the most significant risk factors that can disrupt normal physiological lactation² and developed clinical pathways to guide healthcare professionals in providing lactation support and care to families.³

1 A gap in guidance

Making sure mothers and infants can meet their personal breastfeeding goals is at the heart of postnatal care, yet adequate protocols to guide healthcare providers are not a given. Currently, clinical guidance is available to support healthy lactating mothers in establishing an optimal human milk supply.⁴⁻⁶ The World Health Organization has issued clinical guidelines for the care of small, sick and preterm newborns⁷ and the Spatz 10-Step Model⁸ for promoting and safeguarding human milk for vulnerable newborns has been implemented internationally, demonstrating strong clinical outcomes. However, mothers with known lactation risk factors who give birth to newborns presumed to be healthy may still face a high risk of not achieving a full milk supply, because they are often overlooked in current hospital protocols. For instance, a recent cross-sectional study⁹ confirmed that own mother's milk feeding initiation and continuation rates at 12 weeks after birth for late preterm infants were substantially lower than rates for infants with

other gestational ages. To date, no published clinical practice guidelines exist that specifically addresses the care of mothers with recognized risk factors affecting the physiological lactation process, or those who encounter difficulties initiating lactation during their hospital stay. As a result, these mothers may fail to receive the necessary lactation support needed to help them come to volume within the critical window during secretory activation. Personalized breastfeeding plans are needed to identify and support these mothers from the get-go. A reactive approach of only intervening when problems arise will fail, because once secretory activation is delayed, the repercussions affect the whole breastfeeding journey. In fact, delayed secretory activation, more than 72 h postpartum, is associated with excessive neonatal weight loss, sub-optimum breastfeeding behavior at day 7, increased formula supplementation and reduced breastfeeding duration.¹⁰⁻¹⁴

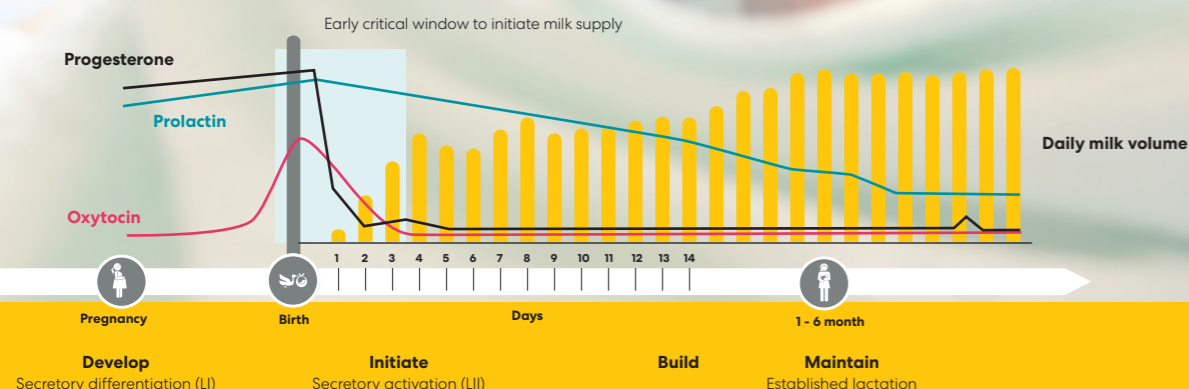
'Wait and see' is not an option!

Women with delayed secretory activation have a 60% higher odds of stopping breastfeeding at 4 weeks post birth.¹⁵



Leveraging **that critical window**

Hormonal changes post birth, together with early and effective stimulation of the breasts, are key factors in enabling successful secretory activation.



2 A question of timing

The first two weeks after birth will decide if a good milk supply can be built and maintained long-term, but it is an even shorter window – the first 72 hours – that is available to successfully initiate lactation. The reason for this critical window is a shift in mammary gland development which is guided by hormonal (endocrine) control, with quite dramatic changes in the first days after birth. During pregnancy, milk secretion begins around 20 weeks, but high progesterone levels suppress full milk production until after birth, when hormonal shifts trigger secretory activation.^{16,17}

Following birth, there is a rapid drop in progesterone levels, facilitated by the delivery of the placenta. Once progesterone levels fall, prolactin is free to promote secretory activation. It supports the closure of the lactocyte tight-junctions sealing the alveoli, so milk stays inside and doesn't leak into surrounding tissue. Each suckling event, each regular stimulation of the nipple and areola through breastfeeding or pumping, sends the message to the mother's brain to 'produce prolactin'.¹⁷

Oxytocin also comes into play here. After stimulating contractions during labour, it remains high for the first days after birth to prime the ensuing breastfeeding interaction. Oxytocin pulses occur during suckling and are required for the release of available milk throughout lactation (milk ejections).

Consequently, during this time, regular stimulation and effective milk removal is essential to activate the mother's milk production. Risk factors – whether hormonal, glandular, or related to poor milk removal because the infant is experiencing sucking difficulties – can disrupt this process and must be proactively identified and managed. This is why supporting and preparing mothers-to-be during pregnancy – by identifying potential risk factors for lactation and developing breastfeeding plans to achieve timely secretory activation – is the prerequisite for long-term breastfeeding success.

Breastfeeding support must begin during pregnancy

Prof. Viktoria Vivilaki, President of the European Midwives Association, is a strong supporter of the roundtable discussions issuing the latest call for proactive lactation support. Her expectations for the future are clear.

Why is proactive lactation support so important?

Proactive lactation management plays an essential role in ensuring breastfeeding success. Early initiation and strategic support in birth centres and maternity clinics significantly impact long-term milk production and maternal confidence. Given the declining breastfeeding rates in some European countries, an evidence-based framework for enhancing perinatal care practices is crucial.

When should support begin?

Breastfeeding support must begin during pregnancy and immediately at birth. It should be an integrated part of perinatal care, not an optional service. It is important to set realistic expectations and address concerns. The recommendations we laid out emphasize structured, proactive guidance to prevent early breastfeeding challenges, especially in mothers at risk of delayed lactogenesis. This approach reduces unnecessary supplementation and increases breastfeeding success.

How should midwives implement the recommendations in daily practice?

Midwives are key players in breastfeeding support. Implementation involves routine lactation education to ensure standardized, evidence-based practices, as well as hands-on support in the first hours postnatally to ensure optimal latch and positioning. We also need to ensure close follow-up beyond hospital discharge by community midwives. Collaboration between professionals is key here. We need to work together to identify mothers at risk early on, to ensure immediate and continuous support is guaranteed.

Prof. Viktoria Vivilaki
President of the
European Midwives
Association



Don't delay - lead the way!

Whatever the risk factor identified, moving from a reactive to a proactive approach to lactation support can only be beneficial.

”

3 Assessing correctly

When looking at risk factors, experts differentiate between pre-existing maternal risk factors and those that arise during birth or that concern the infant specifically. Some mothers face a slower start to lactation due to common, often non-modifiable risk factors like diabetes¹⁸⁻²⁰, high BMI²¹⁻²⁴, Polycystic Ovary Syndrome (PCOS)^{25,26}, prolonged labour²⁷⁻²⁸, caesarean birth^{29,30}, or postpartum haemorrhage^{31,32}. These factors can delay secretory activation and make it harder to reach the critical 500 mL/day milk volume by day 14^{33,34}. If risk factors stem from a prolonged birth or an unexpected caesarean birth, the risk is equally high. If the baby is born with a low birth weight³⁵⁻³⁷ or a facial abnormality like a cleft palate³⁸ and cannot stimulate and/or feed effectively, the breastfeeding journey is also challenged.

Special focus should also be placed on women with glandular hypoplasia.³⁹⁻⁴¹ In summary, the more risk factors present, the greater the challenge – making early identification and assessment during prenatal care essential. Based on these assessments, a personalized perinatal breastfeeding plan should be developed to prepare families and guide care. A strong plan makes all the difference. Documenting supplementation preferences and sharing them with the birthing team ensures continuity of care. After birth, early skin-to-skin contact, direct breastfeeding, and hand expression of colostrum are vital first steps and if breastfeeding is delayed or ineffective, hospital-grade pumping should begin promptly to stimulate the breast and protect milk supply.^{2,3}

Maternal Risk factors

→ Disease/Disorders

Diabetes¹⁸⁻²⁰
Obesity²¹⁻²⁴
Polycystic ovarian syndrome^{25,26}
Thyroid disorders⁴²

→ Medication/Treatment

After chemotherapy⁴³
After radiotherapy⁴⁴
Drugs that suppress lactation⁴⁵⁻⁴⁷

→ Breast concerns

Glandular hypoplasia³⁹⁻⁴¹
Breast surgery^{48,49}
Nipple piercing⁵⁰
Nipple anomalies^{14,51}

→ Other factors

Assisted conception⁵²
Induction of labour^{53,54}
Primiparity^{14,23,55}

Birth & infant Risk factors

→ Birth

Prolonged/stressful labour^{27,28}
Caesarean section^{29,30}
Postpartum haemorrhage^{31,32}

→ Infant

Gestational age^{56,57}
Low birth weight³⁵⁻³⁷
Facial abnormalities e.g. cleft lip/palate³⁸

→ Postpartum

Separation of mother and infant^{58,59}
Delayed or interrupted skin to skin contact^{60,61}
Delayed first breastfeed^{62,63}

→ Feeding & pumping practices

Infrequent breastfeeding <8 times in 24 hours⁶⁴
Infrequent breast pumping <5 times in 24 hours⁶⁵
Supplementation with anything other than OMM⁶⁶



4 The right intervention

Ongoing, hands-on support is key and the right intervention also depends on the underlying risk factors identified. The international round table defined two clinical pathways (see page 12) to guide care, also with a specific approach for those women with insufficient glandular tissue² who are unlikely to achieve a complete milk supply. Breast surgery – whether for enlargement or reduction – is one of the most commonly performed cosmetic procedures worldwide. Thanks to a better understanding of how

the breast functions during breastfeeding and advances in surgical techniques, many women can still breastfeed successfully after surgery. Nonetheless breast surgery can affect milk production and the more milk-producing (glandular) tissue is removed during surgery, the more likely it is that a woman may not be able^{48,49} to produce a full milk supply. Breast cancer treatment also often involves surgery – such as a full or partial mastectomy – along with chemotherapy and radiation therapy.^{43,44}

These treatments can remove, scar or impede mammary tissue and function breast tissue, which may affect the breast's ability to produce milk. And while breastfeeding after radiation or chemotherapy is possible, it often results in a lower milk supply due to the impact on the milk-producing tissue.

Some cases from clinical practice have already demonstrated that with a structured, proactive approach, even these high-risk mothers can be set up for breastfeeding success. A recent systematic review showed that 40 of 42 (95.2%) women with insufficient glandular tissue could only provide human milk for less than 1 month³⁹. Nevertheless, one case report showed that with significant intervention (i.e. a hospital-grade pump and domperidone), this mother was able to achieve a milk supply of about 400 ml per day for the infant's first 6 months.⁴¹

Training healthcare providers is a top priority

Salomé Álvarez Rodríguez, Former President of the Spanish Federation of Midwives Associations and co-author of the scientific committee on how she intends to implement the recommendations given in Spain.

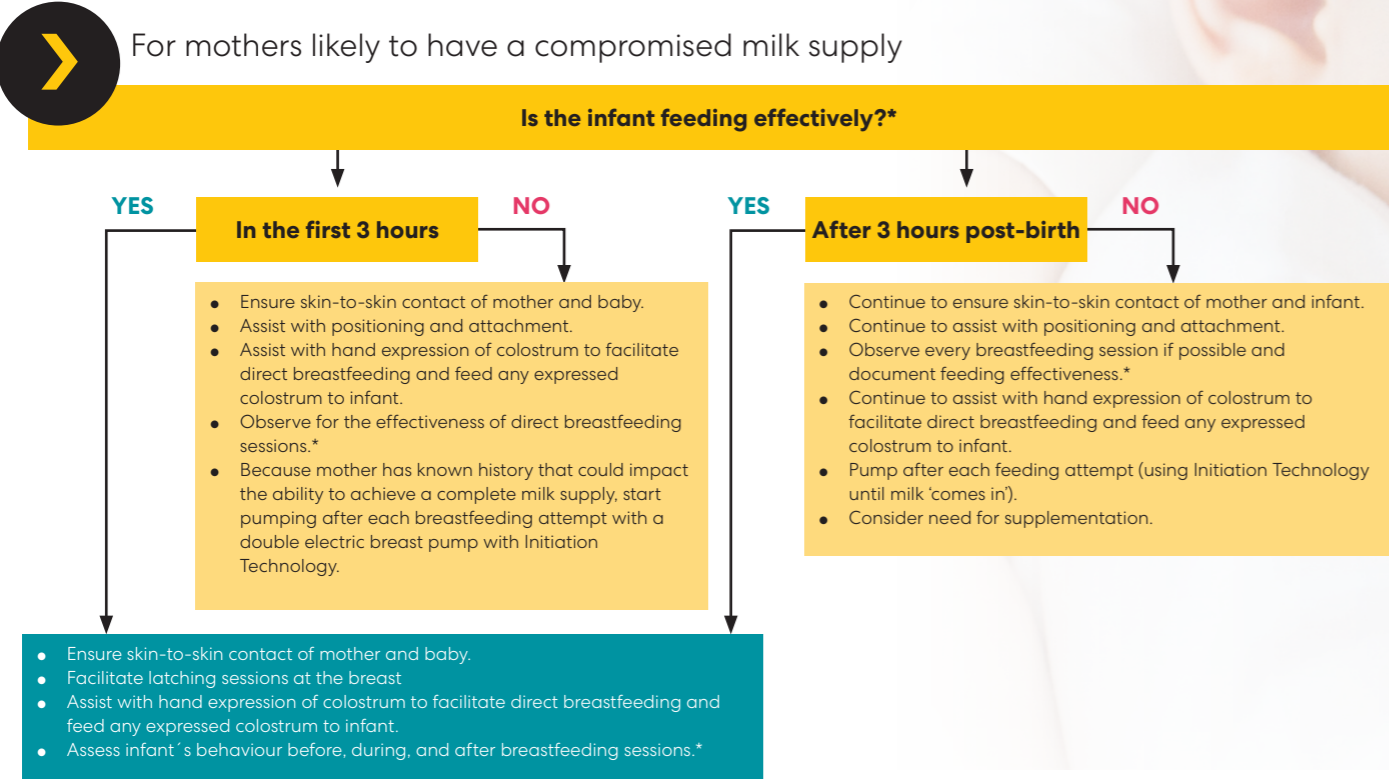
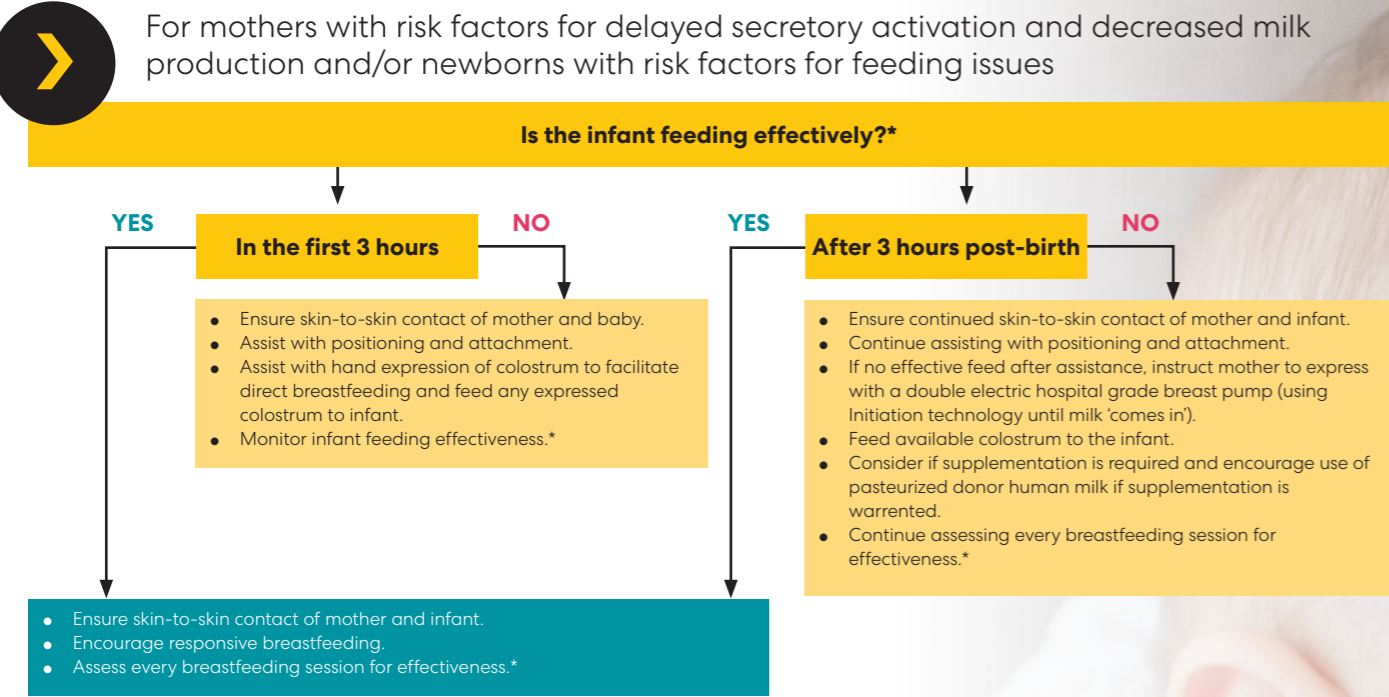
One of our key initiatives is organizing a series of workshops and seminars for midwives and other healthcare professionals. These events will focus on best practices in breastfeeding support, techniques, and how to manage common challenges. They will also provide valuable opportunities for experience sharing and practical case discussions, helping to build a strong, informed professional community.

Training healthcare providers is a top priority. We are launching training programs for midwives, nurses, and doctors that emphasize the importance of breastfeeding, how to support mothers before and from birth, and how to handle complex situations. Our goal is to ensure that all staff are well-prepared and aligned with current best practices. One of the main impacts I hope to see is a significant increase in breastfeeding rates. By implementing the new recommendations, we can help mothers overcome barriers like lack of information, limited support, and practical difficulties. A structured, proactive approach starting already before birth can make a real difference.

Advocacy also plays a central role in our plan. We are pushing for policies that facilitate breastfeeding, such as adequate maternity leave, breastfeeding-friendly workplaces, and the inclusion of breastfeeding in public health programs. These measures are essential to creating an environment where mothers feel supported and empowered. Through these initiatives, we aim to build a strong and sustainable support system for breastfeeding in Spain. My vision is that all mothers, regardless of their background or location, have access to continuous and comprehensive support that enables them to breastfeed successfully and with satisfaction.”

Salomé Álvarez Rodríguez
Former President of the Spanish Federation of Midwives Associations

Clinical Pathways for Proactive Lactation Support



*Assessment of effective feeding includes frequency, duration, stool and urine output, the infant's weight, visual appearance and activity of the infant and the appearance of the mother's nipples and breast tissue before and after feeds. Parents should be instructed on the physiology of milk production, the importance of timely secretory activation to build a robust milk supply long term and how maternal and/or infant risk factors could impact effectively coming to volume.

Examples for pathways adapted from: Spatz DL et al J Midwifery Womens Health. 2025 Mar-Apr;70(2):343-349 3 and Slater CN,et al. Am J Matern Child Nurs. 2025 Jul-Aug 01;50(4):192-203.

Read the full recommendations of the international round table in these two papers:



Learn more about how to put proactive lactation support into practice in our free e-learning:



For more recent insights into lactation research we recommend Breastfeeding Medicine's July 2025 Special Issue, now available in open access.



References: 1 WHO, UNICEF: Global Breastfeeding Scorecard 2023. Available from: <https://www.who.int/publications/i/item/WHO-HEP-NFS-23.17> 2 Spatz DL et al. Nurs Womens Health. 2024 Aug;28(4):256-263. 3 Spatz DL et al J Midwifery Womens Health. 2025 Mar-Apr;70(2):343-349 3 4 Moore ER et al. Cochrane Database Syst Rev. 2016;11:CD003519. 5 Holmes AV et al. Breastfeed Med. 2013;8(6):469-473. 6 UNICEF, WHO. Implementation Guidance: Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services – the Revised Baby-Friendly Hospital Initiative. Licence: CC by-NC-SA 3.0 IGO. World Health Organization; 2018. 7 UNICEF, WHO. Protecting, Promoting and Supporting Breastfeeding: The Baby-Friendly Hospital Initiative for Small, Sick and Preterm Newborns. Licence: CC by-NC-SA 3.0 IGO. WHO & UNICEF; 2020. 8 Spatz DL et al. J Perinat Neonatal Nurs. 2004;18(4):385-396 9 Parker L, JAMA Netw Open. 2025 Mar 3;8(3):e250024. 10 Huang L et al. J Nutr. 2020;150(4):894-900. 11 Chapman DJ et al. J Hum Lactation. 1999;15(2):107-11. 12 Hruschka DJ et al. J Nutr. 2003;133(8):2592-9. 13 Michel MP et al. Archives de Pédiatrie. 2007;14(5):454-60. 14 Dewey KG et al. Pediatrics. 2003;112(3 Pt 1):607-19 15 Brownell E et al. J Pediatr. 2012 Oct;161(4):608-14. 16 Hartmann BT et al. Early Hum Dev. 2007; 83(10):667-673. 17 Pang WW, Hartmann PE. J Mammary Gland Biol Neoplasia. 2007; 12(4):211-221. 18 Wu Jing-Ling et al. Breastfeed Med.2021; 16(5):385-392. 19 Suwaydi MA et al. BMC. Pregnancy. Childbirth. 2022; 22(1):350. 20 Longmore DK et al. Diabetologia.2020; 63(12):2571-2581. 21 Preusting I et al. J Hum Lact. 2017;33(4):684-691. 22 Bui LM et al. Breastfeed Med. 2025. 23 Nommsen-Rivers LA et al. Am J Clin Nutr. 2010; 92(3):574-584. 24 Poston L et al. Lancet Diabetes Endocrinol. 2016; 4(12):1025-1036. 25 Vanky E et al. Acta Obstet Gynecol Scand. 2008; 87(5):531-535. 26 Joham AE et al. Acta Obstet Gynecol Scand. 2016; 95(4):458-466. 27 Grajeda R, Pérez-Escamilla R. J Nutr. 2002; 132(10):3055-3060. 28 Dewey KG. J Nutr. 2001; 131(11):3012S- 5S. 29 Hobbs AJ et al. BMC. Pregnancy Childbirth. 2016; 16:90. 30 Brown A, Jordan S. J Adv Nurs. 2013;69(4):828-839. 31 Thompson JF et al. Int Breastfeed J.2010; 5:5. 32 Farah E et al. J Midwifery Womens Health. 2021; 66(5):631-640. 33 Meier PP et al. J Perinatol. 2016; 36(7):493-499. 34 Hoban R et al. Breastfeed Med. 2018; 13(2):135-141. 35 Chapman DJ, Pérez-Escamilla R. J Am Diet Assoc. 1999; 99(4):450-454; quiz 455-456. 36 Parker MG et al. Pediatrics. 2021; 148(5). 37 Parker LA et al. J Hum Lact. 2021;37(3):581-592. 38 Madhoun LL et al. Cleft Palate Craniofac J. 2020; 57(4):477-486. 39 Kam RL et al. Breastfeed Med. 2021; 16(8):594-602. 40 Spatz DL, Miller J. J Perinat Educ.2021; 30(1):13-18. 41 Duran MS, Spatz DL. J Hum Lact. 2011; 27(4):394-397. 42 Amino N, Arata N. Best Pract Res Clin Endocrinol Metab. 2020; 34(4):101438. 43 Stopenski S et al. Breastfeed Med.2017; 12(2):91-97. 44 Leal SC et al. Expert Rev Anticancer Ther. 2013; 13(2):159-164. 45 Anderson PO. Breastfeed Med. 2017;12(3):128-130. 46 Hale TW. 19th edition. New York,NY: Springer publishing company; copyright 2021. 715 p. 47 Aljazaf K et al. Br J Clin Pharmacol. 2003; 56(1):18-24. 48 Kraut RY et al. PLoS One. 2017;12(10):e0186591. 49 Schiff M et al. Int Breastfeed J. 2014;9:17. 50 Garbin CP et al. JAMA. 2009; 301(24):2550-2551. 51 Shilpa Umesh Bagal. et al.International Journal of Health Sciences & Research. 2017; 7(4):280-288. 52 Barrera CM et al. Am J Obstet Gynecol. 2019; 220(3):261.e1-261.e7. 53 Reed R. London: Pinter & Martin; 2018. (Why it matters: vol 14). 54 Dahlen HG et al. BMJ Open. 2021; 11(6):e047040. 55 Hurst NM. J Midwifery WomensHealth. 2007; 52(6):588-594. 56 Boies EG, Vaucher YE. Breastfeed Med. 2016; 11(10):494-500. 57 Dong D et al. Int Breastfeed J. 2022;17(1):6. 58 Pérez-Escamilla R et al. Am J Public Health. 1994; 84(1):89-97. 59 Eden C. J Hum Lact. 2024; 40(4):535-538. 60 Widström AM et al. Acta Paediatr.2019; 108(7):1192-1204. 61 UNICEF, WHO. Geneva: World Health Organization; 2018. 56 p. 62 Salariya EM et al. Lancet. 1978; 2(8100):1141-1143. 63 NEOVITA Study Group. Lancet Glob Health. 2016; 4(4):e266-275. 64 Huang S-K, Chih M-H. Breastfeed Med. 2020; 15(10):639-645. 65 Hoban R et al. J Perinatol. 2024;44(11):1597-1606. 66 Feldman-Winter L et al. Pediatrics.2020; 145(4):e20183696.



Behind the

magic

Pumping mothers embrace the convenience and freedom that fully wearable breast pumps provide.¹ However, choosing comfort should not mean compromising on efficiency, power and milk output. That is why Medela's next generation breast pump Magic InBra™ combines unmatched hospital performance with innovative technology for comfort and discretion.

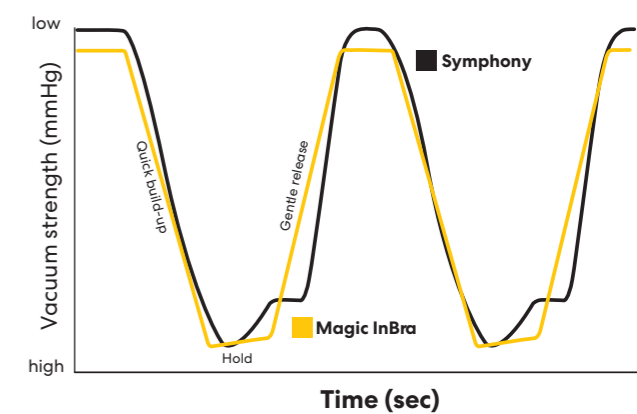
Hospital performance is more than just vacuum strength. One of its secrets lies in the pumping pattern: When feeding at the breast, babies intuitively build vacuum quickly and then gradually release it to get the most milk out. Symphony®, the #1 breast pump used in hospitals worldwide², has successfully imitated this behaviour with the clinically proven Symphony® pumping pattern³ to find the best balance of comfort and efficiency.

Hospital DNA for at home and on the go

Magic InBra™ is the first personal-use pump to now fully embrace this hospital DNA for highly efficient & comfortable pumping: a quick build-up, comfortable hold and gentle release of the vacuum to promote milk output and optimise pumping comfort. In combination with the other features and practices defining successful hospital performance – the 105° opening angle breast shield, proven to result in up to 11 % more milk⁴; proper breast

shield sizing and pumping with Maximum Comfort Vacuum (MCV)⁵; as well as up to 18 % more milk by practicing double pumping⁶ – Magic InBra™ ensures continuity in care through similar breast pump technology and functionality, from hospital to home.

Medela Pumping Patterns



Magic InBra™ at a glance

Trusted hospital performance

Based on Symphony®, the #1 breast pump used in hospitals worldwide²

Innovative FluidFeel Technology™

Inspired by baby. Gentle pumping, even at strong vacuum levels.

Ultra slim anatomic design

Matches the shape of the lactating breast. 105° shields for up to 11% more milk⁴.

Silent and ultra lightweight

Only 38dB and among the lightest available in-bra pumps with only 200g.

Transparent top-view design & night mode

For easy nipple alignment & visibility on milk flow.

Responsive performance, controlled by sensors

Automatic switch from stimulation to expression.

Remote app control

To track, log and adjust session time, settings and estimated volume of milk expressed.

Easy to clean and assemble

More milk in half the time

+18% more milk in half the time, containing extra energy⁶ with double pumping.



Behind the magic

Introducing: FluidFeel Technology™

Research-based innovation for gentle pumping with powerful results

A micro-environment close to breastfeeding

Warm temperature around the nipple is known to positively impact milk removal.^{8,9} The baby intuitively does it best: They effectively stimulate milk flow, then efficiently extract breastmilk with careful yet powerful strokes, all while keeping the mother's nipple comfortably surrounded by warm milk. The warming sensation and application of vacuum on the breast are important factors for successful milk flow⁶ and directly affect how much milk can be expressed⁷.

A naturally successful process, Medela's scientists can now emulate. Medela's innovative FluidFeel™ Technology creates a pumping experience that feels and works similar to breastfeeding. It ensures a constant and gentle seal on the mother's breast and the nipple is continuously surrounded by milk during pumping, designed to create that cozy, warming environment linked to better milk flow.

Automatic switch from stimulation to expression

Using a two-chamber system with multiple sensors, Fluid Feel™ Technology is also designed to ensure the mother gets the most out of each pumping session: During stimulation phase, drops of milk collect in the tunnel (chamber one), then, once let-down happens, milk will spill over into the container (chamber two). Integrated sensors detect this change in real time and trigger the automatic switch from stimulation to expression phase – just like the baby would when naturally switching from non-nutritive to nutritive sucking. The timing of this switch is so relevant, because the first milk ejection is the most powerful and yields the most milk – around 36% of the total milk output.¹⁰

Research shows that mothers using in-bra pumps are more likely to extend the duration of breastfeeding compared to those using traditional breast pumps.¹



In other pumps, it has been up to mothers to detect this initial let-down and switch pump modes manually, however 21% of milk ejections are not sensed by the mother.¹¹ Magic Inbra™ now takes this variant out of the equation to make sure the first let-down can be fully leveraged.

Gentle and quiet pumping experience

The new FluidFeel™ Technology also adds to the mother's pumping comfort because the continuous gentle seal of the pump on the breast minimizes the pull on the nipple, ensuring gentle pumping, even at strong vacuum levels. The fluid-filled system supports the motor unit and makes for a quiet and efficient pumping experience.

References: **1** Colbenson GA et al. Breastfeed Med. 2022; 17(6):537–543. **2** NICU & Maternity Ward. Data available upon request. **3** Mitoulas L et al. J Hum Lact. 2002; 18(4):353–360. **4** Sakalidis VS et al. Acta Obstet Gynecol Scand. 2020; 99(11):1561–1567. **5** Kent JC et al. Breastfeed Med. 2008; 3(1):11–19. **6** Prime DK et al. Breastfeed Med. 2012; 7(6):442–447. In comparison to sequential single pumping. **7** Cannon AM et al. Early Hum Dev. 2016; 96:1–6. **8** Gardner H et al. Sci Rep. 2019; 9(1):11854. **9** Kent JC et al. J Hum Lact. 2011; 27(4):331–338. **10** Prime DK et al. Breastfeed Med. 2011; 6(4):183–190. **11** Kent JC et al. J Hum Lact. 2003; 19(2):179–186.

For more insights

into these technologies coming directly from lactation specialists and product designers, tune in to this webinar video.



Care Package

A QUICK GUIDE TO SCIENCE-BASED BREASTCARE SOLUTIONS

Nursing is a highly personal experience for mothers. When challenges arise, comprehensive breast care routines are essential to preserve the delicate bond between mother and infant.

Here is our take on the four most common breastfeeding challenges to support you in your daily practice.



Find all solutions and more information here:



4 Challenges



SORE NIPPLES

Up to 97% of mothers experience dry skin and sore nipples in the first weeks after birth as mother and baby establish breastfeeding.¹ Keeping the nipple skin protected and hydrated in pregnancy and during breastfeeding is beneficial.

Purelan™ helps to restore the skin's natural moisture balance and offers natural soothing care and protection to sore and dry nipples after breastfeeding. With 100 % pure medical-grade lanolin, Purelan™ Lanolin Cream is certified natural by EcoCert and Natrue. It effectively nourishes and protects the skin with a rich texture that aids in maintaining hydration and reinforcing the skin's barrier. Safe for baby and without the need to remove before breastfeeding.

➤ **More potential solutions: Organic Nipple Balm, Breast Shells**



CRACKED NIPPLES

Latching on issues and soreness may develop into painful cracked nipples for many breastfeeding women.¹

Hydrogel Pads are an effective treatment option that provides instant pain relief^{2,3} and supports recovery for mothers with cracked nipples, by creating a moist healing environment, which is beneficial for the repair of damaged tissues.⁴ They soothe and cool for immediate pain relief to sore or cracked skin and create a protective barrier against rubbing and further damage caused by friction.

➤ **More potential solutions: Organic Nipple Balm, Breast Shells**



LATCHING DIFFICULTIES

Latching difficulties may occur if the baby struggles to latch onto the breast, when the mother has sore or cracked nipples and breastfeeding is painful or when nipples are flat or inverted.^{5,6}

Contact™ Nipple Shields temporarily support mother and baby with latching and protect sore and cracked nipples during breastfeeding to allow the nipples to heal. Their unique cut-out shape is designed to maximise skin-to-skin contact, the ultra-thin, flexible silicone to optimise nipple stimulation.

➤ **More potential solutions: Nipple Formers**



MILK LEAKAGE

Milk leakage is normal for many new mothers as milk “comes in” and milk supply establishes.⁷ However, in some occasions it can be an embarrassing and inconvenient problem.

Soft nursing pads like Medela's Ultra-breathable Nursing Pads discreetly absorb and lock-in breast milk, discreetly protecting clothing. With a triple-layered core which absorbs 50x its own weight they also protect against grease stains when using nipple creams like Purelan™.

➤ **More potential solutions: Milk Collection Shells, Safe & Dry™ Washable Bra Pads**

References: 1 Jiménez Gómez MI et al. Breastfeed Med. 2021; 16(4):325–331. 2 Eaglstein WH. Dermatol Surg. 2001; 27(2):175–181. 3 Broussard KC, Powers JG. Am J Clin Dermatol. 2013; 14(6):449–459. 4 Nuutila K, Eriksson E. Adv Wound Care (New Rochelle.). 2021; 10(12):685–698. 5 Kronborg H et al. Matern Child Nutr. 2017; 13(1). 6 Coentro VS et al. J Obstet Gynecol Neonatal Nurs. 2022; 51(1):73–82. 7 Lauwers J. Second edition. Burlington MA: Jones & Bartlett Learning; 2016. 262 pages.

Symphony®

Trusted hospital performance.
New hands-free comfort
at home.

Designed for hospitals and at home use and based on decades of clinical research, Symphony® is the #1 rental breast pump.^{1,2} It is clinically proven to successfully activate, build and maintain an adequate milk supply, comparable to the volumes a breastfeeding baby will achieve.^{3,4}



Two research-based pumping programs based on the infant's natural sucking behaviour at the breast.³



Delivering up to 18% more milk with a higher energy content when double pumping.⁵



Anatomically-designed hands-free cups for extra discretion, freedom of movement and comfort at home.



Now available with
**Hands-Free
Collection
Cups**

Available in three sizes. Traditional pump sets remain available as an option.

Recommend Symphony® to **help mothers overcome breastfeeding challenges** at any point in their journey.

References: 1 Breast pumps – based on distribution in maternity wards and NICUs 2 Based on MiBaby survey with 596 mums in Germany, March 2023 3 Meier PP et al. J Perinatol. 2012; 32(2):103–110. 4 Neville MC et al. Am J Clin Nutr. 1988; 48(6):1375–1386. 5 Prime DK et al. Breastfeed Med. 2012; 7(6):442–447.

Medela AG
Lättichstrasse 4b, 6340 Baar, Switzerland, www.medela.com

UK RP, Medela UK Ltd.
Unit 3, Huntsman Drive, Northbank Industrial Park, Irlam, Manchester M445EG, United Kingdom

MD Symphony® and Magic InBra™ are a medical device.

CE 0123



Scan for more
information