

JOURNAL FOR NICU & MATERNITY CARE

Beginnings

LIFE-SAVING

Breastfeeding support for refugees

LIFE-CHANGING

Sore nipples and leakage handled

LIFE-GIVING

Managing breastfeeding challenges of late-preterm and early term infants

"In a crisis, breastfeeding saves lives"

ESTABLISHING LACTATION SUPPORT FOR UKRAINIAN REFUGEE MOTHERS IN POLAND

Millions of Ukrainians have fled their country since the start of the war, most of them women. To support the new mothers among them, Aleksandra Wesolowska, Associate Professor at the Laboratory for Human Milk and Lactation Research at Warsaw Medical University and head of the Human Milk Bank Foundation Poland, has established lactation centres in major refugee centres throughout Poland.

Prof. Wesolowska, why is protecting and promoting breastfeeding in times of crisis so important?

In a crisis situation, the phrase "breastfeeding saves lives" takes on a literal meaning. With the lack of water, electricity, and other feeding possibilities for babies, the promotion and protection of breastfeeding takes on added

importance. It is no longer just the best choice for health economics and disease prevention, it is often a way to save lives. To put it bluntly, providing children with access to mother's milk as the best possible food, to me, is part of the basic principles of humanitarian aid. And their mothers also profit highly from the breastfeeding experience on an emotional level.

What is the situation of Ukrainian mothers seeking refuge from the war?

The pregnant women coming to Poland are in a very difficult, complex situation. They are highly stressed, often traumatized. In a lot of cases, they left husbands or older children behind fighting. Their priority is to protect their newborn child, yet the baby is also a cause for the separation from other family members. Many women feel guilty. After birth, they experience hormonal fluctuations which, even under normal circumstances, can cause mood disorders and postpartum depression, but they now come on

top of the post-traumatic stress. Bonding with the newborn and breastfeeding can be very difficult in this situation.

You have made it your mission to make sure that Ukrainian refugee mothers in Poland receive lactational and emotional support. How did this project come to life?

Since the start of the war, about 2.000 Ukrainian babies have been born in Poland. Their mothers find themselves in overwhelming circumstances. Their emotional needs are great yet the language barrier makes any patient-doctor relationship very difficult. On the other hand, many of Ukraine's highly educated professionals were also forced into exile, many of whom started to organize help for refugee patients themselves. This selfless involvement was an inspiration for me. As Human Milk Bank Foundation supporting human milk banking in Poland and Eastern Europe including Ukraine, we responded and started setting up lactation "help desks", connecting pregnant women and new mothers with Ukrainian healthcare professionals who can not only provide the necessary lactational support but who share the refugee experience and understand the complexity of the traumatic situation.

How does breastfeeding even fit within this traumatic situation?

Successful breastfeeding is often the beginning of healing for these mothers. It works as a substitute for the intimacy and family warmth

they were brutally deprived of by the war. However, it is important that healthcare professionals around them are very aware of the complexity of the experience. In our lactation support groups, the first connection often is mourning together for what was left behind in Ukraine: the dreams and hopes associated with happy motherhood. The teams include Polish professionals as well as Ukrainian ones and always consist of a psychologist as well as a lactation consultant.

What are the most urgent needs of the new mothers and what does the concrete support look like?

The material and psychological needs of these women are overwhelming. They have no clothes, shoes, hygiene products, food – much less all the necessities that come with welcoming a newborn. Lactation counseling therefore also includes equipment support and we are very grateful to have Medela on board to provide mothers with lactation accessories like breast pumps and breast care products free of charge as well as educational materials translated into Ukrainian. Apart from counselling provided on site, advice is also available online and we also provide access to a pediatrician, speech therapist and neurologist.

What are the challenges you still face and where do you see the project moving forward?

After two months of work in just a few centres, we already see that it is necessary to expand this activity to more cities all over Poland. The greatest challenge now, though, is to learn from this experience and to educate medical staff on the principles of infant nutrition in a crisis situation. It is not a new topic – international experts put together a "Strategy for Infant and Young Child Feeding in Emergencies" (IYCF-E) in response to disasters and wars long ago – but in Europe the topic is still widely unknown. Unfortunately, IYCF-E strategy is rarely implemented in middle and high income countries. We will continue in our strive to change this and will join forces with the European Milk Bank Association (EMBA) and Medela to spread the knowledge that in times of crisis, feeding directly from the mother's breast is the best and safest option and donor milk may be a bridge to own mothers milk.




Prof. Aleksandra Wesolowska

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COMING TO TERMS

Late-preterm and early term infants and their specific breastfeeding needs

Late-preterm and early term infants are often considered almost as stable as term infants and treated accordingly. However, research suggests their risk for complications is considerably higher including challenges to short- and long-term breastfeeding outcomes. Precise clinical protocols and support systems are crucial to ensure they have a good start.

Here is what scientists found and best practice suggests.

Well Aware

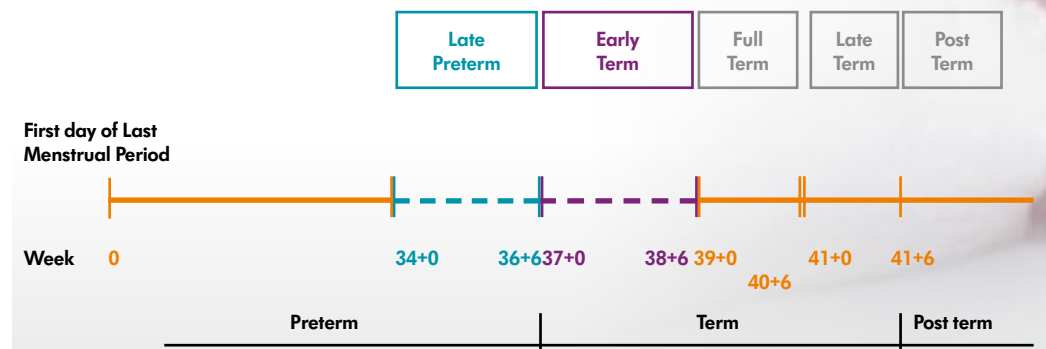
Late preterms form the largest group among premature infants with about 74% of the total number of pre-term births.¹⁰

A RELEVANT GROUP COMING INTO FOCUS

Supporting preterm infants and their families in every possible way goes without saying. Well-established protocols in most NICUs make sure high-risk newborns are closely monitored to ensure, they get the best care. Studies reveal though, that late-preterm and early term infants are often overlooked in that regard.¹⁻⁶ This later group are frequently cared for on the maternity ward¹ and consequently often not recognized as at a higher risk of neonatal morbidity and mortality as they present close in size and weight to the infant born at term.^{4,5} As a result, their struggles and specific risks are likely not identified and not

adequately addressed in time. They “masquerade” as full-term infants.⁶ These early term and late-preterm infants are in fact less neurologically^{4,7} and physiologically mature than full term infants. This is especially relevant as their numbers among births worldwide are on the rise.⁸ Multiple factors play a role here, from spontaneous preterm labour to recent spikes in multiple births, inductions, caesarean sections, as well as changes in maternal demographics.⁸ To recognize the needs of this growing group of infants is therefore crucial for clinical practice and effective home support.

Definitions of gestational age periods



Source: Engle WA, Kominiarek MA. Clin Perinatol. 2008; 35(2):325-41.⁹

Well Prepared

Well Prepared

UNDERSTANDING AND IDENTIFYING THE CHALLENGES

Late-preterm infants are more likely than full-term infants to have a diagnosed postnatal medical condition, including jaundice, respiratory distress, temperature instability, hypoglycaemia and poor feeding.^{6,9,11,15,17} The increased risk of morbidity means they are also more likely to be readmitted to hospital after discharge.^{2,5,9} What is more, their mothers might also be affected by risk factors known to cause complications and/or delay breastfeeding, such as diabetes,^{12,13} age, a planned or unplanned caesarean section,¹⁴ not to mention the psychological stress¹² they might be experiencing. Together, these circumstances can build up to a whole cascade of challenges which can adversely affect the timely onset of lactation and the success of breastfeeding. As a consequence, the need for extra lactation support for these infants and their mothers is likely to be higher than first impressions allow. And every drop of own mother's milk counts – for these higher risk infants.

INTERLINKED CONDITIONS

Breastfeeding challenges are a common consequence of late-preterm and early term infants' typical conditions.

For example, the sleepy late-preterm infant may not wake often enough to feed or may fall asleep after just a few minutes of suckling at the breast. He may need gentle stimulation to stay awake.¹⁵ This may include removing warm blankets or unwrapping the swaddled infant. In fact, what appears to be a breastfeeding problem at first, may indeed be a result of other conditions such as temperature instability or hypoglycemia, which require specific medical treatment.¹⁵ Necessary treatments and further investigations into the infant's health, however, may lead to separations of mother and infant further disturbing bonding and breastfeeding. Closely monitoring milk transfer is also crucial, as it may appear that the baby is latching and sucking effectively, when in fact the late preterm or early term infant might be struggling with latching, sucking, swallowing and transferring adequate milk volumes.¹⁶ (see page 12-13 for more information on latching correctly). If this goes unnoticed, the infant may be discharged before being physiologically stable, and before secretory activation has occurred and breastfeeding practices are established.¹⁶

THE MOST FREQUENT COMPLICATIONS OF LATE PRETERMS

Jaundice ¹¹	47,7%
Respiratory distress ¹¹	34,7%
Poor feeding ¹¹	8,3%
Temperature instability ¹¹	2,5%
Hypoglycaemia ¹¹	14,3%
Suspected sepsis ¹⁷	13%

Compared to full term infants, early term infants have lower breastfeeding rates in the hospital and one month at home.¹⁸

It is up to you to take action!

The Academy of Breastfeeding Medicine (ABM) has issued a dedicated clinical protocol on breastfeeding late-preterm and early term infants, stressing the importance of early initiation and advising on how to proceed with discharge and support in the home community.¹³ A practice, lighthouse hospitals, like the children's hospital Dritter Orden in Passau, Germany have long implemented for the benefit of mothers and infants alike. Learn more about their success story on page 9.

Well Supported

INITIATING AND MAINTAINING MILK SUPPLY AND BREASTFEEDING

There are many potential interventions healthcare professionals caring for late-preterm and early term infants have to bear in mind during the first hours and days, but two tasks stand out: establishing the mother's milk supply and ensuring the late preterm infant is getting enough milk. Initiating breastfeeding – or pumping if necessary – within the first hour after birth,¹⁹⁻²⁷ while still in the delivery room, is the crucial first step. Time is of the essence here to safeguard building a good milk supply for the future. The first hours after delivery are a crucial time window for priming the breast tissue and making use of the natural rise and fall in maternal hormones. However, if the late-preterm or early term newborn is too weak to latch and suck effectively, if mother is too exhausted due to birth circumstances or if she and her infant are separated due to medical conditions, effective breastfeeding might not be possible at first.¹⁵ Hand expression might serve well to harvest some first sticky drops of colostrum in these cases. However, to adequately stimulate

the breast and get hormones flowing to activate the milk-making cells, additional vacuum stimulation^{28,29} with a hospital-grade double electric pump is needed and should start no later than three hours after birth. In fact, mothers whose babies are not effectively stimulating their breasts should be supported with pumping until the baby is effectively suckling and transferring milk.¹⁵

BALANCING ACT

Early, frequent and effective breastfeeding (8-12 times within 24 hour) is the key to initiating and building the mother's milk supply.¹⁶ If the infant does not manage this, a hospital-grade breast pump is essential to provide the missing stimulation until the infant can do so. Skin-to-skin contact remains crucial and non-nutritive suckling should also be encouraged,³⁰ therefore finding the right balance and timing when to pump is crucial. A good guideline to follow, is to breast-feed when the infant is awake and to pump when the infant cannot be woken up.

For more pumping guidelines see page 10!

10 golden guidelines

TO SUPPORT BREASTFEEDING IN LATE-PRETERM AND EARLY TERM INFANTS:

1. Develop a standard feeding plan
2. Skin-to-skin contact is imperative
3. Monitor the infant closely (vital signs, weight, nappies)
4. Initiate breastfeeding within +/- 1 hour after birth. If infant and mother are separated, begin pumping within +/- 3 hours
5. Feed 8-12 times in 24 hours
6. If the infant does not extract milk efficiently, additionally express after each feed with a double electric pump
7. If milk transfer is ineffective consider using a soft contact nipple shield and monitoring the milk intake by weighing the infant before and after each feed
8. Educate the mother (e.g. feeding positions, latch, duration of feeds, early feeding cues, breast compressions).
9. Before discharge: Ensure mother and infant are physiologically stable. Also take mother's mental and physical well-being into account
10. At discharge: Ensure support systems at home are in place and the mother has access to a medical-grade pump at home

Modified from the ABM Protocol #10¹⁶

Early, frequent and effective stimulation is key to initiating and building the mother's milk supply: breastfeeding and/or pumping 8-12 times within 24 hours

Best practice:

"THE PATH TO BREASTFEEDING IS A PROCESS"

Dr. med. Michael Zeller is senior physician at the paediatric clinic Dritter Orden in Passau, Germany. He is the lead of NeoPAss®, a family-integrating and interdisciplinary treatment pathway.



"Late preterm babies have an increased risk of morbidity. Fortunately, we can address this very actively. If a preterm or early term birth becomes apparent, we talk to the parents about what to expect and try to take the pressure off. After the infant is born, we focus on early bonding. Lots of skin contact, at least 30 minutes, still in the delivery room. This is also when the mother should breastfeed for the first time. In our experience, late-preterm babies are still quite active on the first day, so we make sure we use

this window to get lactation going. If the infant is too weak to drink, the mother starts pumping, also while she is still in the delivery room. It is important to establish good breastfeeding and pumping management in the first 1-2 days. To this end, we also show the parents techniques, we explain which subtle hunger signals they need to watch out for, but also how the baby signals that he is no longer ready to drink. We "mother the mother" – and father -, if you will. But we also prepare them for the end of this "honeymoon"

period. From day 2, late-preterm infants often become more hypotonic. They sleep more, so there are fewer opportunities to breastfeed. However, we do not judge the feeding behaviour of the infants by quantity but by quality. I do not want to hear the question "How many millilitres did your baby drink?" on my ward. I am interested in: Does the infant show hunger signals? Does he latch on properly? Can he swallow and coordinate his breathing? How long can he last on the breast? Skin contact is still very important. We educate the parents in breast massage and tried and tested breastfeeding positions such as the DanCer Hold, which supports the baby in his hypotonia. We also temporarily use nipple shields

as a bridge to breastfeeding. The main thing is to encourage parents and infants. Before the baby is discharged, we deliberately reduce interventions from our side so that the parents learn to trust in themselves. Babies are discharged when their breathing is stable for 4 consecutive days, when they can maintain their body temperature on their own and when the infant gains weight according to the percentile for 3 days without fixed amounts of food. This is usually the last decisive factor and we discharge with very good breastfeeding rates. To us, this is the best proof that the effort we put in really pays off."

Well Supported

IN HOSPITAL AND AT HOME

When pumping, Medela's Symphony is an ideal choice. It mimics the infant's own suckling rhythm with two research-based programs to support mothers of preterm and term infants to initiate, build and maintain an adequate milk production. The Symphony INITIATE program mimics the irregular and more rapid sucking and pausing pattern of a term born infant in the first days of lactation and supports pump-dependent mothers and mothers with reluctant feeders to successfully achieve secretory activation.

Once the milk has 'come in', usually between 24-72 h after birth,³¹ the mother switches to the MAINTAIN program that mimics the term born infant's sucking pattern during established lactation to optimise milk output: At the beginning of each breastfeed, prior to milk ejection, infants suck rapidly to stimulate milk flow. This changes to a less frequent sucking pattern after milk starts flowing (after milk ejection). With these two tailored programs, Symphony can support mothers throughout their whole breast-feeding journey, if needed.



Mothers using Symphony's INITIATE program reach secretory activation 1,2 days earlier.³²

Think ahead

If lactation and breastfeeding are not well established at discharge, make sure the mother and infant have a good support system in place at home. This includes follow-up appointments as well as access to a hospital-grade double pump for use at home.

How to rent

A SYMPHONY FOR HOME USE



Medela collaborates with several shops and pharmacies where mothers can rent a Symphony pump for home use. Help parents in your area to find a place that offers Symphony pump rentals by referring them to Medela's locationfinder online. Scan the QR code, tick "Symphony rental" and shops or pharmacies offering this service will

be displayed. You may also filter by postal code or city to show the option closest to you. We recommend that parents contact their chosen rental place before heading there to check opening hours and to make sure, they have a pump available.

IT IS A SAD PARADOX THAT LATE PRETERMS ARE ESPECIALLY AT RISK FOR COMPLICATIONS WHEN EXCLUSIVELY BREASTFED – SIMPLY DUE TO THEIR INABILITY TO BREASTFEED EFFECTIVELY AND THE LACK OF GOOD FEEDING PROTOCOLS.² THANKFULLY, IT IS A PARADOX THAT CAN BE SOLVED WITH YOUR CARE!

1 Sharma D et al. J Matern Fetal Neonatal Med. 2021; 34(16):2717-2730. 2 Radtke JV et al. J Obstet Gynecol Neonatal Nurs. 2011;40(1):9-24. 3 Meier P et al. Clin Perinatol. 2013; 40(4):689-705. 4 Barros MCM et al. Neonatology. 2011; 99(2):133-139. 5 Tomaszek KM et al. Semin Perinatol. 2006; 30(2):61-68. 6 Wang ML et al. Pediatrics. 2004; 114(2):372-376. 7 Kelly CE et al. Brain Imaging Behav. 2016; 10(1):41-49. 8 Spong CY et al. Obstet Gynecol. 2011; 118(2, Part 1):323-333. 9 Engle WA. NeoReviews. 2009; 10(6):e280-e286. 10 Davidoff MJ et al. Semin Perinatol. 2006; 30(1):8-15. 11 Leone A et al. Acta Paediatr. 2012 Jan; 101(1): 6-10. 12 Hurst NM. J Midwifery Womens Health. 2007; 52(6):588-594. 13 Wu J-L et al. Breastfeed Med. 2021; 16(5):385-392. 14 Hobbs AJ et al. BMC Pregnancy Childbirth. 2016; 16:90. 15 Meier PP et al. J Midwifery Womens Health. 2007; 52(6):579-587. 16 Boies EG et al. Breastfeed Med. 2016; 11:494-500. 17 Raju TNK et al. Pediatrics. 2006; 118(3):1207-1214. 18 Noble A et al. Breastfeed Med. 2019 Jul/Aug; 14(6):398-403. 19 Salariya EM et al. Lancet. 1978; 2(8100):1141-1143. 20 Holmes AV et al. Breastfeed Med. 2013; 8(6):469-473. 21 Hoban R et al. J Hum Lact. 2022; 38(1):148-155. 22 Spatz DL et al. J Perinat Educ. 2015;24(3):160-170. 23 Parker LA et al. J Perinatol. 2012; 32(3):205-209. 24 Parker LA et al. Breastfeed Med. 2015; 10(2):84-89. 25 Parker LA et al. FASEB J. 2017; 31(1 Suppl):6501.9. 26 Parker LA et al. J Perinatol. 2020; 40(8):1236-1245. 27 Meier PP et al. Clin Perinatol. 2017; 44(1):1-22. 28 Lussier MM et al. Breastfeed Med. 2015; 10(6):312-7. 29 Slusher T et al. J Trop Pediatr. 2007 Apr;53(2):125-30. 30 Moore ER et al. Cochrane Database Syst Rev. 2016; 11.CD003519. 31 Neville MC, Morton J. J Nutr. 2001; 131(11):3005S-3008S. 32 Post EDM et al. J Perinatol. 2016; 36(1):47-51.

FOR MORE INFORMATION
www.medela.no/symphony-22

IT'S ALL ABOUT *The Latch*

Breastfeeding is a learning curve for both mother and infant and it begins with the right positioning. What to look out for to support a good latch from the start.

If the infant cannot latch on properly, effective milk transfer is not only very difficult, it can also be very painful and comes with a number of subsequent problems: sore nipples, reduced milk flow and poorly emptied breasts which may lead to blocked milk ducts and mastitis, and, consequently, more maternal stress and lower milk supply.¹⁻⁴ A dangerous cascade of events which may lead to a cessation of breastfeeding entirely: In a 2019 German survey, as many as 40% of mothers⁵ named "latching problems" as the reason why they stopped breastfeeding. This coincides with the finding of a Danish study in which 40% of infants experienced inability to latch⁶. It is therefore absolutely essential that mothers and infants receive adequate support, ideally before the first problems arise. In fact, prenatal professional breastfeeding education for pregnant women can also play a role in mastering the correct breastfeeding latch.⁷ Helping the expectant mother understand her breasts' anatomy and the physiology of breastfeeding, as well as showing her how to position and attach her newborn correctly, should ideally be part of any prenatal visit or class.

POTENTIAL OBSTACLES

Some latching problems become obvious quickly, others are only apparent when closely observed. Premature babies for example often show classic suckling weakness. A tongue tie or other anatomical peculiarities in the jaw area may prevent the infant from latching correctly and/or building up the necessary vacuum at the breast. It may also be the mother's physique which complicates matters with flat or inverted nipples that make it difficult for the infant to enclose them properly with his lips. Also, an inverted or flat nipple might not trigger the infant's sucking reflex. About 10% of women are affected by this phenomenon⁸.



Contact nipple shields: ultra-thin, taste-free and shaped to maximize skin-on-skin contact



Nipple formers: Gentle pressure to help shape inverted/ flat nipples for breastfeeding



Reasons why

infants might NOT be latching well:

- Prematurity¹²⁻¹⁴
- Fatigue¹²
- Malposition of the tongue^{13,14}
- Short frenulum^{13,15}
- Weak intraoral vacuum¹³
- Respiratory pattern^{13,16}
- High intraoral vacuum^{13,17}
- Jaw asymmetry¹⁶
- Cleft palate¹⁶
- Head insult injury during birth^{16,18}
- Hypotonia¹⁸
- Impact of birth practices^{19,20}
- Congenital Torticollis (KISS)²¹

Supporting mother & infant

Once each individual breastfeeding situation is assessed, it is up to you as a caregiver and lactation specialist to find the right remedies. The good news is: Solutions do not necessarily have to be overly complicated.

CLEVER POSITIONING

can go a very long way to optimize the infant's ability to latch and breastfeed effectively. For a good latch, the infant should take a large portion of the areola into his mouth, with his bottom lip and jaw covering more of the underneath of the areola. The laid-back position, the so

called biological nurturing,⁹ is particularly recommendable in the first few days after birth and has been proven to support correct latch and decrease the incidence of nipple pain and trauma^{9,10,11}. The mother may of course also try other breastfeeding positions and find her personal favourite(s).

NIPPLE FORMERS

can also come in handy. They are specially designed to bring flat or inwardly drawn nipples out a little so that the baby can latch on more easily. All the mother has to do is place them on her

nipples about half an hour before breastfeeding. They fit easily within the bra and if necessary may already be worn for some hours during pregnancy (from week 32).

CONTACT NIPPLE SHIELDS

may also be used temporarily to offer the infant a larger and firmer attachment point. This can also be a good solution when dealing with flat or inverted nipples, as well as to protect sore, cracked nipples or in case of an overactive let-down reflex. To draw inverted nipples out, using a breast pump briefly before breastfeeding has also proven to be quite effective.

Whichever path you choose with the mother, the most important help you can give will always be your emotional and professional support.

6 STEPS FOR A GOOD LATCH:

1. Unwrap a swaddled infant
2. Support mother and infant in a comfortable position with the baby's head at level with the breast.
3. Does the infant's chin touch the mother's breast with the nose pointing at the nipple?
4. Are the infant's lips slightly turned out?
5. Do the infant's ear, shoulder and hip form a line?
6. Does the infant take most of the areola into his mouth?

LOOKING FOR MORE SUPPORTIVE BREASTFEEDING POSITIONS?

Pass on this link to mothers:
www.medela.no/amme-stillinger-22

¹ Brown A et al. J Adv Nurs. 2016; 72(2):273-282. ² Kent JC et al. Int J Environ Res Public Health. 2015; 12(10):12247-12263. ³ World Health Organization: World Health Organization; 2000. Available from: <https://apps.who.int/iris/handle/10665/66230>. ⁴ Mitchell KB et al. Breastfeed Med. 2022; 17(5):360-376. ⁵ InnoFACT survey 2019 among German mothers & Feenstra M, et al. Sex & Reprod Healthc. 2018; 16(Jun):167-174. ⁶ Gao H et al. Sci Rep. 2022; 12(1):5577. ⁷ Alexander JM, et al. The Breast. 1997;6(2):72-78. ⁸ Colson SD et al. Early Hum Dev. 2008; 84(7):441-449. ⁹ Wang Z et al. BMC Pregnancy Childbirth. 2021; 21(1):248. ¹⁰ Milinco M et al. Int Breastfeed J. 2020; 15(1):21. ¹¹ Geddes DT et al. BMC Pregnancy Childbirth. 2017; 17(1):386. ¹² McClellan HL et al. J Hum Lact. 2012; 28(4):511-521. ¹³ Sokalidis VS, Geddes DT. J Hum Lact. 2016; 32(2):201-211. ¹⁴ Geddes DT et al. Acta Paediatr. 2010; 99:301-303. ¹⁵ Genna CW, editor. Burlington MA: Jones & Bartlett Learning; 2013. ¹⁶ McClellan HL et al. Paediatrica. 2008; 97(9):1205-1209. ¹⁷ Berens P et al. Breastfeed Med. 2016; 11(2):46-53. ¹⁸ Hobbs AJ et al. BMC Pregnancy Childbirth. 2016; 16:909. ¹⁹ Dahlen HG et al. BMJ Open. 2021; 11(6):e047040. ²⁰ Genna CW. J Hum Lact. 2015; 31(2):216-220.

Soft skills

100 % pure Lanolin vs. sore nipples

Cracked, sore nipples are a common early breastfeeding problem. Thankfully, topical treatment with natural Lanolin can soothe symptoms quickly. But what exactly makes it such a favourite with lactation consultants worldwide?

Pain while breastfeeding is among the most common reasons mothers give for stopping nursing early. Addressing this issue as early as possible remains one of the most challenging tasks for you as a healthcare professional. While nipple soreness during nursing is often caused by incorrect latching (see page 12-13), the reason can also be dry, sensitive nipples. Thus, any kind of breast care has to make sure, the skin can retain its moisture.

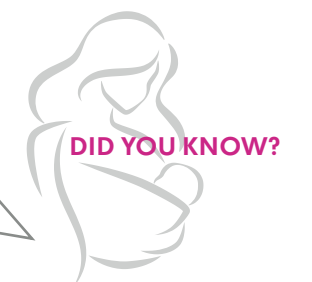
A good lanolin cream makes swift work of this challenge. Medela's Purelan for instance is made of 100% medical-grade lanolin – the secret weapon midwives and lactation specialists swear by. Its emollient and hydrating properties are well documented:¹⁻⁴. Its viscous properties help create

a protective barrier on the skin's surface reinforcing its natural defences against external stresses and reducing trans-epidermal water loss⁵. Thus Purelan can provide fast relief and doubly effective support: Firstly, Purelan's soft, rich texture creates a protective barrier, strengthening the skin's resistance and reducing moisture loss through the damaged epidermis. And, as Purelan's composition is similar to the natural surface of the skin itself, with complex esters, fats, sterols and free lanolin alcohols, it penetrates deep into the outer layer of the epidermis so that it can hydrate the skin from the inside out.

Purelan™ helps to reinforce the skin's natural surface barriers against moisture loss.



It is absorbed deeply by the skin and holds water, mimicking skin's natural sebum to rebalance moisture levels.



DID YOU KNOW?

Purelan can also be used to protect baby's skin during cold weather and to moisturize chapped lips, dry hands and cuticles, elbows or cracked heels.



PURELAN™: SECRET SUPERPOWER



Safe – no need to remove before feeding



Free from – additives, preservatives, fragrance



Effective – ultra-pure medical-grade lanolin soothes nipple soreness



Ethically sourced – traceable supply chain, raw material from mulesing-free farms



Natural – single-ingredient lanolin moisturises and protects



Great for chapped lips and dry skin



Purelan™ exceeds European Pharmacopoeia and United States Pharmacopoeia standards. Medela maintains very low levels of FLA and keep WAC high, while removing pesticide residues and cleaning up the formulation to ensure a very light colour.

HOW TO USE PURELAN™

After breastfeeding, spread a little milk over the nipple and areola and leave to dry. Then rub a small amount of Purelan between your fingers and spread over the entire nipple area. Purelan does not have to be removed before breastfeeding.

FOR MORE INFORMATION
www.medela.no/purelan-22

¹ Clark EW, Steel I. J Soc Cosmet Chem. 1993; 44:181–195. ² Barba Albanell C et al. Skin Pharmacol Physiol. 2018; 31:198-205. ³ Abou-Dakn M et al. Skin Pharmacol. Physiol. 2011; 24(1):27–35. ⁴ Brent N et al. Arch. Pediatr. Adolesc. Med. 1998; 152(11):1077–1082. ⁵ Masen MA et al. PLoS One. 2020; 15(9):e0239363



GO WITH THE FLOW

How to use breastmilk leakage to an advantage

Breast milk is so precious, losing even just a drop is a painful waste. Yet leakage is a common phenomenon a lot of mothers experience daily. High time for a good solution to ensure these life-giving drops are protected.



The Silicone Breast Milk Collector is not intended to replace a breast pump, as it does not actively and effectively drain the breast. Mothers who depend on pumping to initiate, build or maintain their milk supply, should always use a hospital-grade double electric pump (e.g. Symphony).

The challenge

Did you know that two out of three mothers experience breast milk leakage up to six months after giving birth? Within the first two months as much as 90 % of mums are affected¹. Especially during breastfeeding or while the mother is pumping on one breast, the natural let-down effect can cause milk to leak onto clothing or nursing pads from the other side. This may not only cause discomfort to mothers, it also means precious drops of breast-milk with all its incredible properties are lost.

The solution

To make sure every drop is protected, Medela has now developed the Silicone Breast Milk Collector. Designed to fit all breast sizes and made of 100% food-grade silicone, it latches on easily and uses the natural let-down effect to collect every escaping drop of breast milk while the mother is feeding or pumping on the other side. To prevent baby's kicking feet from knocking the collector over, the mother can wear an adjustable lanyard around her neck. The double leak-proof design with a lid and stopper ensures that the inside of the collector is kept clean and hygienic at all times, while the secure suction base keeps it stable and prevents spilling.

The benefits

Milk supply can vary over weeks and months and even throughout the day. A mother with high milk supply may decide to build a freezer stash of milk for future feeds or times when she cannot be with her baby. Another clever way to use the excess milk is adding it to bathwater because breast milk has plenty of benefits over and above its nutritional value. A mother with lower milk supply will likely decide to feed the collected milk directly so the baby may have a little extra. Whatever the individual circumstances, every drop of milk is now being saved. For the comfort of mothers and the healthy development of every baby.



INTRODUCING THE NEW SILICONE BREAST MILK COLLECTOR



-  **SPILL PROOF DESIGN**
-  **EASY TO USE**
-  **CLIP ON LANYARD**
-  **LIGHT AND PORTABLE**
-  **EASY TO CLEAN**
-  **CAPACITY**
-  **QUIET AND DISCREET**
-  **SECURE SUCTION BASE**

FOR MORE INFORMATION
www.medela.no/sbmc-22

¹ Morse JM et al. J Nurse Midwifery. 1989 Jan-Feb;34(1):15-20.



MEDELA Education

MEDELA UNIVERSITY

Free courses about lactation.

Your expert knowledge and support have saved many a breastfeeding journey and to keep up to date in lactation research and clinical practices is important to you. However in today's multifaceted world it can be difficult to find and access the knowledge you need. Timings of webinars and conferences may collide with your busy schedule and to filter the most important information is time consuming. Medela University is our answer for you:

To make sure you always know where to find the most recent and relevant research and practices, we have created a new education platform tailored to your needs. A one-stop-shop with all relevant educational content, including the latest webinars and online courses on-demand for you to explore.

Anytime, anywhere and free of charge!

HOW IT WORKS

To find your topics of interest you can search for specific keywords or browse pre-defined categories. Short descriptions with clear objectives help you decide quickly which courses are relevant to you. Simply add your selected courses to the shopping cart and you are ready for check out. All completed courses will be rewarded with a certificate. Currently courses are either in English or German.

REGISTER NOW AND GET STARTED!

www.breastfeedingandlactation.medela.com

EMBA WEBINAR:

New challenges for human milk banks.

Every drop of breast milk counts – especially for the most fragile of infants. To highlight the benefits of human milk feeding in preterm infants and equip you with the best practical tools for your work in the NICU and milk-banks throughout Europe, the European Milk Bank Association (EMBA) is now organizing its second webinar in cooperation with Medela. Highlighting current regional trends and challenges and offering possible solutions in scientific lectures, we bring human milk experts from all over Europe to the table and onto your screens to answer your questions.

REGISTER NOW AND JOIN OUR LIVE LECTURE!

November 15th, 2022,
3 to 4:40 p.m. CET.

www.medela.com/webinar-series



NYHET!

Ikke la verdifulle dråper gå til spille!

Brystmelksoppsamler i silikon

KOMPLETTERENDE PRODUKT FOR AMMENDE OG PUMPENDE MØDRE

PRAKTISK AMMETILBEHØR

Fanger opp øverflødig brystmelk under melkeutdrivingen mens mammaen ammer eller pumper fra det andre brystet.

KOMFORTABEL OG ENKEL OPPSAMLING AV MELK

Laget av myk 100% silikon av matkvalitet for å gi mammaen en mer komfortabel opplevelse.

MINIMER SØL OG SPAR MELK

Clip-on-stoppen gir mulighet for en avslappet melkeoppsamling, ved at mammaen har hendene frie til å amme eller pumpe. Sugeplaten forhindrer at melkeoppsamleren velter når den settes ned.

EKSTRA SIKKER OPPBEVARING/LAGRING

Med lekkasjesikker propp og lokk.

ENKEL Å BRUKE OG RENGJØRE



Ta kontakt for mer informasjon: info@medela.no

EUROPEAN BREASTFEEDING AND LACTATION SYMPOSIUM

June 23-24, 2023

We are looking forward to sharing the latest research from some of the greatest minds in breastfeeding and lactation with you!

Let's bring the science of care to life!

Save the date!



Symphony.

Brystpumpen for sykehus og utleie.
For optimal stimulering, oppbygging
og vedlikehold av melkeproduksjonen når
amming ikke er mulig
eller tilstrekkelig.

For deg
som jobber
med mødre
og barn

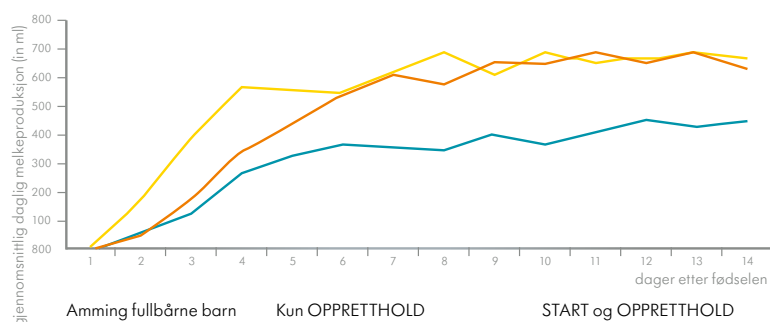


Dobbelpumping:

Tidsbesparende og effektivt

Hver dråpe teller for en sunn utvikling av det nyfødte barnet.
Symphony brystpumpe kan hjelpe mødre å overvinne både mindre
og større problem under hele ammeperioden.

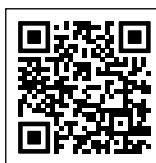
Pumping og stimulering av melkeproduksjonen er mest effektiv når
brystpumpen etterlikner barnets naturlige sugeadferd.
De forskningsbaserte programmene i Symphony brystpumpe med
PLUS-kort, er vist å effektivt støtte tidlig oppstart og langsiktig melke-
produksjon¹, så lenge barnet ikke kan sugе effektivt.



I START-programmet etterlikner Symphony den uregelmessige sugeadferden til et nyfødt barn i de første dagene etter fødselen, og støtter dermed den nødvendige prolaktinreaksjonen² som gir signal til brystet om å produsere melk.



I OPPRETTTHOLD-programmet etterlikner Symphony sugeadferden til barnet etter sekretorisk aktivering. Den forskningsbaserte 2-fase-teknologien støtter mødre under oppbygging og vedlikehold av melkeproduksjonen^{1,3}, og optimaliserer melkeforsyningen^{3,4,5,6,7}.



Les mer om Symphony her og finn nyttig informasjon om bruk og leie av brystpumpen.

References

1 Meier PP et al. J Perinatol. 2012; 32(2):103-110. 2 Zinaman MJ et al. Pediatrics 1992; 89(3): 437-440. 3 Meier PP et al. Breastfeed Med. 2008; 3(3):141-150. 4 Spatz DL. J Perinat Neonatal Nurs. 2018 Apr/ Jun;32(2):164-174. 5 Meier PP et al. Breastfeed Med. 2008; 3(3):141-150. 6 Kent JC et al. Breastfeed Med. 2008; 3(1):11-19. 7 Kent JC et al. J Hum Lact. 2003; 19(2):179-186