



Discover the world of breastfeeding

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A special relationship

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A special relationship

Breastfeeding is a wonderful mother and baby experience. So much intimacy, affection and love. If only there wasn't all this uncertainty: Will it work straight away? How long and how often should I breastfeed? What should I do if any difficulties arise?

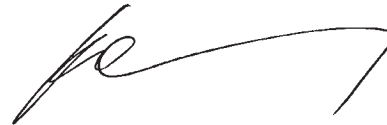
At MAM, we would like mothers (and fathers!) to be able to fully enjoy the breastfeeding period. Nature has thought of everything and, with a little practice, parents and newborn are soon a perfect team.

The MAM Guide, "Discover the world of breastfeeding", has been compiled in cooperation with Dr Reinhold Kerbl and Dr Karl Zwiauer, as well as Traude Trieb, an experienced midwife. Compact and clearly structured, it deals with all the topics that concern breastfeeding mums:

- the biological foundation of this special relationship,
- the correct techniques, from the first time baby latches on through to weaning
- tips, tricks and helpful hints for all occasions

The most important thing to start with: **breast milk is best for babies.** Breastfeeding is a very personal affair. The needs of both mother and baby will determine whether baby is fully or partially breastfed and how long breastfeeding continues, if at all.

As this special relationship will only work out if both are happy with it.

A handwritten signature in black ink, appearing to read 'Peter Röhrig', with a long, sweeping horizontal line extending to the right.

Peter Röhrig

Chapter 1: Pregnancy

Preparations are under way

Everything needed for breastfeeding is inherent, for mothers as well as babies. The biological preparations start very early on in pregnancy:

- From the second month, the body increases its production of prolactin, the hormone responsible for stimulating milk production.
- The breasts may become more sensitive, and one or two veins may start to become slightly visible.
- The tips of the breasts become darker so that baby will be able to see them more easily.
- In the third month, the breasts become larger and heavier, as the alveoli and milk ducts multiply rapidly.
- Towards the end of pregnancy, the tiny duct openings in the nipple can already be identified.
- And your body's increased roundness is absolutely OK – this represents the energy reserves that are vital for breastfeeding.

Your baby is also in training: between the eighth and twelfth week of pregnancy, they are already practising sucking on their own fingers and drinking amniotic fluid to stimulate kidney function.



What mums can do now

- Take a closer look at their nipples. Do they protrude when touched and gently pinched? That's a great sign. If, despite stimulation, they remain flat or concave, nipple shields can help. These are used in the last three weeks before giving birth for a few hours a day.
- Allergies, diabetic, extremely underweight? Clarify the specific 'breastfeeding rules' for such cases now.
- Choose the place of birth: rooming-in, quiet breastfeeding rooms and a friendly consultant team, who are also genuinely concerned about your happiness when breastfeeding, are good things to check for.

Size doesn't matter

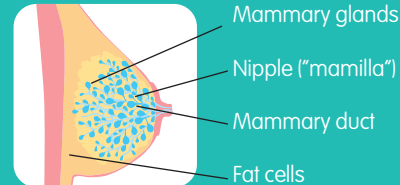
Nature really has thought of everything: no matter how big or small breasts are or what shape they are, the milk produced will always be enough. Breasts are not 'warehouses' in which provisions are stored.

Baby's regular suckling stimulates production and flow and, as long as baby is suckling, there will be enough to drink.

The bottom line: please don't spend time worrying. Build up some self-confidence instead, because this combined with joyful anticipation is the very best training for breastfeeding.

MAM Med-Info

The latest research results show that the previously, often cited "milk lakes" simply do not exist. Milk is produced in glands – the alveoli situated around and behind the nipple (mamilla) – and transported through an average of 4 to 18 mammary ducts to the mamilla.



Chapter 2:

Birth and the first breastfeed

Love at first sight

Newborns are incredibly attentive. Shortly after birth, when they are snuggled in their mummy's arms (or father's of course!), they search with all their senses – for the smell, the voice, the eye contact, the touch. This initial **bonding** is the basis for the relationship that later develops between parents and child. It is also a balm for all concerned after those arduous hours.

If, for medical reasons – for example after a caesarean – a short break is necessary, mother and baby can catch up on bonding, just as intensively, a little later on. Fathers or close relatives or friends can be there as the first loving skin-to-skin contact.

Relax, search, nurse

For the first few hours, **baby's sucking reflex is particularly strong**. Having hardly relaxed from birth, baby is already looking for the breasts. These are full because the **milk-producing hormone prolactin** gets down to serious business straight after the placenta is expelled. Important points to remember for the first nursing session:

- Nurse the baby on both breasts so that they gets used to alternating straight away.
- Lots of quiet, and no pressure on yourself to make it work. It can sometimes take a little longer to get the hang of it. That's perfectly normal.
- If it's not possible to nurse straight away for medical reasons, the milk should be expressed (electronically or manually), to ensure that milk continues to be produced.
- Midwives and lactation consultants at the hospital are happy to help, give you self-confidence and help you relax.



The first feed and when your milk comes in

Breastfeeding is not only good for the relationship between mum and baby, and for helping your uterus to shrink back to its normal size. The milk is also perfectly matched to baby's needs:

- The first milk your baby will drink is known as **colostrum**. This is thick and creamy-yellow in colour, and easy for baby to digest. It is high in concentrated nutrition and antibodies, as well as having a laxative effect on the baby to help their digestive tract get going quickly.
- Just a few drops of colostrum are very filling, so it is perfectly normal for babies to drink little and seldom in the first 24 hours.
- Deep sleeps in between? These are good for the both of you.
- It is also normal for newborns to lose a little weight over the first few days. They are just getting used to regular nutrition and, to compensate, they were born with some fat reserves.
- Between the second and sixth day after birth, the full milk supply arrives (your **milk 'comes in'**).
- Some women hardly notice any change, whereas other women can notice swelling and a feeling of pressure for one to two days.
- Having a comfortable, warm shower while gentle massaging a little milk out (or expressing) can help you to relax.
- The mature milk that babies are now drinking has a higher fat content.
- Nature also ensures the perfect helpings: the foremilk which comes first has a thin consistency to quench thirst. After this (and from the second breast) comes a thicker and calorie richer milk, which satisfies your hungry baby.
- To ensure that babies get this nutritional '**hindmilk**', they should always stay on the breast for an adequate period of time.

MAM Med-Info

Breastfeeding is controlled by hormones and reflexes, which are activated when baby nurses:

- Prolactin stimulates milk production.
- Oxytocin causes cells to contract, so that the milk is pushed into the ducts leading to the nipple.
- This 'let down', or milk ejection reflex, is triggered repeatedly while feeding; it works simultaneously for both breasts, meaning that the second may leak a little.
- Some mums clearly feel the reflex, others hardly notice it.
- For first-time mums, it can take up to ten minutes at the beginning for nursing to trigger the reflex.



Chapter 3:

First days at home

Little breastfeeding experts with style

In principal, breastfeeding functions according to the theory of supply and demand – **the more baby consumes, the more is produced**. This is why breastfeeding does not follow a timetable. It responds to demand and then milk production will work to match baby's requirements. Typical "hunger" signs are:

- When baby opens their mouth and slightly stretches their tongue out. They will also start to search for or suck their fingers.
- Now, before the first cry, is the ideal time for latch-on, as you are both still calm.
- Sometimes babies sleep through their own rhythm, which results in uncomfortably full breasts. It is OK to gently wake the baby – you could take the opportunity to change their nappy at the same time.
- Nutritional requirements quickly increase during growth spurts; both breasts will be emptied completely – a signal that the body immediately reacts by increasing production.

Very important: every child is unique. Some drink little and often; others, slowly and relaxed. Fast drinkers need their audible burp; babies that take it easy tend to swallow air less often. **Their individual style is an expression of their personality and should not be changed.**

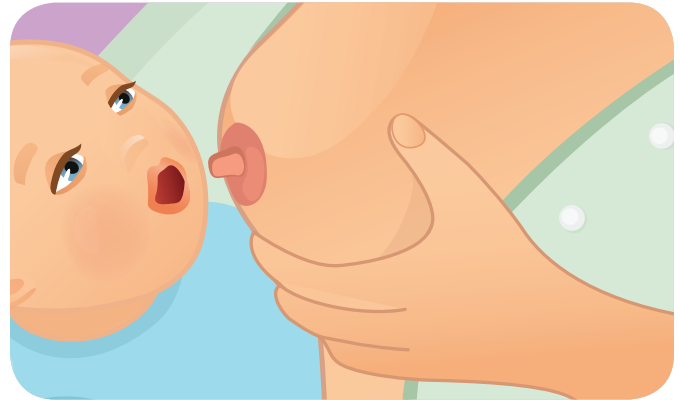


Latch-on – a question of positioning

A hungry baby's sucking reflex is initiated when a breast (or a finger) is felt on the mouth or a cheek. Baby then looks for the nipple and holds it tightly between the upper and lower jaw. Repeated, wave-like tongue movements, in combination with the vacuum created by sucking, stroke the milk from the breast and simultaneously stimulate the production of new supplies.

Tips for latching-on correctly:

- Get comfortable and relax with a thirst-quenching drink – breastfeeding is thirsty work.
- In mum's arms, baby should be fully facing her.
- Baby's ear, shoulder and hip should draw a straight line.
- Nose and mouth are level with the tip of the breast.
- The other hand supports the breast with the so-called 'C hold': thumb and index finger form a C, only the thumb is above the nipple.



The free hand supports the breast with the so-called 'C hold'.

Continued: Latch-on – a question of positioning

- Now gently touch baby's bottom lip with your nipple until baby opens their mouth fully, with their tongue lying above the lower dental ridge.
- This is the correct moment to move baby closer. Their mouth circles the entire nipple and areola, the lower lip is not turned in, but clearly visible.



Baby's mouth circles the entire nipple and areola.

- Now baby sucks out the milk. Nose and chin are on the breast – don't worry, baby can still breathe!
- Baby's swallowing actions will tell you when hunger is dwindling. If baby is no longer nursing properly but not letting go, you can help release the hold with your finger. Never just pull away – this just leads to nipple injury.



Putting a finger in the corner of baby's mouth gently releases the sucking reflex.

Nursing positions – sensible diversity

The more positions mother and baby have mastered, the easier and more relaxed daily life becomes.



Cross-cradle hold: Usually the favourite for the early days and above all at night. Tummies together. Use the upper arm to C hold the breast and the lower arm to pull baby closer as soon as the baby opens their mouth wide. Many mums like to place a pillow behind their neck and back to prevent tension.



Cradle hold: sitting for nursing – the all round solution. Hold baby with the lower arm, their head almost at the elbow, their bottom in your hand, their mouth level with the nipple. Baby's ear, shoulder and hip should draw a straight line. For maximum comfort, support the holding arm with a pillow, put your feet up, relax with a straight back, use the second hand for the C hold.

Continued: Nursing positions – sensible diversity



Clutch hold or “rugby hold”: so called because baby lies locked in your arm like a rugby ball– use a pillow on the side on which you are nursing for added support. The feet point backwards, the mouth is level with the nipple, the eye-contact perfect. Ideal for full breasts and eager babies.

MAM midwife tip



Midwife Traude Trieb recommends remedies against ‘baby blues’:

“When the milk comes in, mum’s psyche sometimes feels empty. She suffers from mood swings and is sad, without knowing why. Don’t feel guilty about this – plenty of mums feel the ‘baby blues’. It doesn’t last long, and you can do something about it, for example, with Bach flower therapy or aromatherapy.

Bach flower therapy: mimulus, star of Bethlehem, sweet chestnut, olive, pine.

Aromatherapy: neroli, rose, rose geranium, lemon blossom – because of baby’s sensitive nose, please use sparingly. These remedies are best as a room spray, as a wash for underarms or feet, or as a shower gel.”

Chapter 4:

Everything about milk & quantities

Breast milk – the super-mix

All experts agree that **breastfeeding is best for babies**. For practical reasons – breast-milk is always there and ready; it has the correct temperature and is definitely free from germs – and for health reasons:

- Breast-milk includes everything that babies need in the first months: vitamins, minerals, healthy fat, carbohydrates, proteins – and it strengthens baby's immune defence.
- Breast-milk **automatically adapts its production and composition according to baby's needs**. The composition varies and can change during breastfeeding to meet the infant's exact requirements.
- Breast milk is **easy to digest**. Gastro-intestinal problems are less likely.
- The sucking motion on the breast also promotes the **development of baby's jaw and facial muscles** – this helps later on with eating and learning to talk.
- Breastfed babies tend to be less prone to infections and allergies, diabetes or excess weight gain.
- **Nursing mums also tend to remain in good health**: they experience fewer postnatal infections and the German Cancer Research Centre has even found evidence to show that the risk of breast cancer is reduced.
- Nursing also helps your uterus to shrink back down in size – getting you back into shape faster.

When, how often, for how long?

International organisations such as UNICEF or WHO recommend exclusive breastfeeding up to 6 months of age. To ensure that baby can fully benefit from this though, mum has to also feel good about it. This is why breastfeeding is and remains a very personal affair. The duration, frequency and amount of breastfeeding also depend on mother's and baby's needs:

- In the beginning, the amount of milk produced increases rapidly – from a few drops (maybe a thimble full) soon after the birth to about 500 ml daily a few days later.
- Frequent nursing from both breasts each time promotes milk production.
- A six-month-old baby drinks about 800 ml daily.
- You can rely on nature to ensure that supply always matches demand – regardless of how big or small the breasts are.
- The frequency of feeding is always different, but there is a guideline: for the first weeks of life, approximately every two to three hours, until an individual rhythm becomes apparent.

- Depending on baby's method of nursing, one feed can take between 20 and 45 minutes. Important: swap sides, but make sure you nurse each side long enough for baby to get the nutritious hind milk.
- The day-night sequence also slowly falls into place, but at first babies don't understand this progression. Tip: sleep when baby sleeps – mums need every bit of rest they can get.

MAM midwife tip



Midwife Traude Trieb on the worry of not having enough milk:

"I recommend doing without baby weighing scales – they just stress you out. It is enough to weigh your baby once a week with a midwife/lactation consultant/paediatrician. You can see whether baby is well or not: they drink regularly, are growing and thriving, look bright, the eyes shine and the nappy is wet on average between four and six times a day. Breastfed babies have bowel movement on average once a day. It can happen more often, or not at all for a few days, for example during a growth spurt – none of this is any cause for concern."

Healthy eating for nursing mums

Healthy and ample nutrition – yes, of course! Breastfeeding and diets don't get along at all. However, the old saying 'eating for two' is passé. Nursing mums only need about 285 to a maximum of 635 calories* more per day than mums who don't – a generous slice of bread and cheese is enough.

Other foods that are good for you:

- **Calcium:** in green vegetables, black sesame (this has eight times as much calcium as milk – 2 tbsp daily are ideal), soya products, tofu, figs or dates.
- **Iodine:** in freshwater fish and iodised salt.
- **Protein:** in eggs, meat, wheat. Also in pulses and dairy products – but these should be avoided if they cause wind.
- **Fat:** yes, but high quality, for example in cold-pressed oils.
- **Fruit & vegetables:** raw is good too. But citrus fruits, kiwis, strawberries, tomatoes, peppers as well as some juices are often not well accepted by babies because it hurts when they come out again.
- **Snacks:** having something small between meals will keep your energy levels up. Try something like cheese, yoghurt, wholemeal bread, muesli or salad.

- **Liquids:** very important! But go easy on the alcohol and coffee (maximum one small glass/cup a day, ideally straight after breastfeeding, so that the body has time to metabolise it). Tea restrictions: sage and peppermint can reduce milk production.
- **'Milk turbos',** which encourage production: apricot compote, strong beef or chicken soup with egg, chopped pumpkin seeds with honey, a glass of prosecco, Champagne or malt beer.

What babies don't like because it causes wind, hurts or tastes bad – 'suspicious culprits' are cabbage, onions, garlic, citrus fruits and also chocolate, nuts and fizzy drinks – it's easy to notice: simply eat more or less of the suspicious food and watch for baby's reaction when they come to feed.

* Germany/Austria/Switzerland reference values for nutritional intake. Umschau Verlag 2008.



Chapter 5:

The breastfeeding relationship

From bonding to the perfect team

Relax: Breastfeeding doesn't always work perfectly straight away. Sometimes, mother and baby need to adjust to each other to begin with – but from then on it's simple, and simply wonderful!

Breastfeeding gives baby a sense of security. The first touches, smells and sights after birth are the basis for a good relationship. But baby also needs to relax a little after birth, and will then immediately look for the breast.

Breastfeeding promotes happiness. Hormones ensure that the mother feels incomparable feelings of happiness when it comes to feeding her baby.

Breastfeeding is closeness. Feeding every two to three hours ensures intimacy. Tip: include your partner (see also chapter 8 – Bottle-feeding).

Breastfeeding requires peace and quiet. The telephone can be on silent, and the emails can wait. On top of the physical aspects, plenty of mental concentration is required – especially in the beginning – to learn to understand baby's signals.



Breastfeeding is understanding. Trust your own instincts. It doesn't take long for mums to learn to recognise signs of hunger, become familiar with the breastfeeding routine and understand perfectly which tastes their babies prefer.

Breastfeeding maintains good health. And not just baby's – thanks to the healthy nourishment and antibodies – but also mum's health (see chapter 4 – "Breast milk – the super-mix").

Breastfeeding protects. Breastfeeding contains protective antibodies – ideal for navel (tummy button) care, slightly inflamed eyes, earache, colds or a sore bottom. Express a little milk and apply with a clean finger.

Breastfeeding is technique. Correct nursing can be seen, heard and felt: baby's mouth circles the entire nipple including the areola, the fullness of the breast decreases, you can hear swallowing and shortly afterwards digestion as well, and a full baby relaxes their hands.

Breastfeeding is teamwork. It's only really working if both mum and baby are enjoying the experience. So expressing (if you have overly full breasts) is just as OK as gentle waking, when baby goes too long between feeds. And using a bottle can be a nice change as well.

MAM Med-Info

Babies and the sucking reflex: this behaviour is inherent. Infants already practice sucking during pregnancy and find it calming. A soft touch of the mouth or cheek – with the breast, a finger or a teat – reliably initiates the reflex.

Chapter 6:

Particular challenges

Help with difficulties

Every breastfeeding relationship has its small challenges. The MAM team of experts – Dr Reinhold Kerbl, Dr Karl Zwiauer and midwife Traude Trieb – explain how to overcome them.

Baby isn't sucking strongly enough. Hardly five minutes on one breast, weak sucking, eyes closed, fewer than six wet nappies a day and no bowel movement? So that baby's growth and mum's milk production aren't impaired, help is needed. Plan shorter but more frequent feeds, choose the most comfortable nursing position, manually massage milk into baby's mouth while nursing. The best thing to do is ask your doctor or midwife for advice too.

Breastfeeding twins. The demand is twice as high, but so is the supply. With frequent nursing early on, milk production is initiated faster. A breast pump also helps, especially when the two babies cannot yet suck strongly. Logistically, twins are of course a challenge, particularly because they don't always like to be nursed at the same time. The clutch or rugby hold lends itself well to dinners-for-two (see chapter 3). Midwives are happy to help with other good positions for this special case.

Breastfeeding premature babies. Perfectly balanced breast milk is especially valuable for 'preemies'. If nursing and sucking are not possible straight away, regular expressing is imperative. This should begin very soon after birth so that the protective foremilk is available and milk production is initiated.



Manual Breast Pump
with Storage Solution

Caesareans & breastfeeding. Good, because the milk is there and nursing promotes the healing process. It's easiest lying down, with the upper body slightly propped up with pillows. So that the tummy muscles stay relaxed, place the baby on a pillow next to you and use your arm to pull them closer.

Breastfeeding after breast surgery. Only a doctor can assess whether nursing is possible under these circumstances. Important: gather information before the birth and be prepared for alternative forms of feeding.

Breastfeeding & special diets. Vegetarians and those who take medication should consult a doctor about breastfeeding. With nutritional supplements rich in protein and medicinal alternatives compatible with breastfeeding, there is almost always a solution. Ultimately, baby gets everything that mother ingests (which of course also applies to nicotine!).

Too little milk. Usually the uncertainty is much greater than the actual deficit. Trust in nature. Medical advice and another nutritional source are only necessary if baby really isn't growing and thriving. Tips for stimulating the flow of milk: nurse frequently (at least every two hours) and correctly, always offer both breasts, consider expressing.

Too much milk. Yes, this can also happen. The cause is a very strong

milk ejection reflex, resulting in an unsettled baby, who often chokes and repeatedly releases the breast when drinking. Corrective tips: before nursing allow a little milk to flow from the breast. Lean well back for latch-on so that baby is nursing against gravity. Only offer one breast per feed and express from the other so that the fullness is lessened. Don't allow the breast to be fully emptied so that production is curbed. Other things likely to inhibit milk production: peppermint or sage tea (max. 1–2 cups), parsley and tight, lifting bra straps.

Engorgement. Stress, drafts, a tight bra or simply incorrect or too infrequent nursing can be the reason why breast tissue swells. A hot, sometimes reddened and painful area develops. Don't stop breastfeeding now! In fact, nurse more often (or express) and, if possible, so that baby's lower jaw points in the direction of the troubled area. Before feeding, apply a damp, hot compress or have a warm shower and afterwards cool the breast for 20 minutes (cold compresses, drops or cabbage leaves are suitable), massaging the affected area using circular motions. Important: drink enough!

Nipples that do not protrude. Check this in the last weeks of pregnancy: do the breast tips become pert when gently pinched? If they remain flat or concave ('inverted nipples'), a breast pump or nipple shields can help – best used with guidance from a midwife.

Mastitis (breast infection). Usually triggered by serious breast engorgement or a bacterial infection, it makes you feel like you are coming down with the flu. If 24 hours bed rest and breast treatment such as described for engorgement doesn't help, contact your doctor. There are also effective homoeopathic remedies that are suitable for nursing mums (Belladonna C30).

Sore nipples. The most common problem, normally triggered by incorrect or too frequent nursing. What helps:

- Pay attention to correct latch-on (see also chapter 5, 'Breastfeeding relationship').
- Change nursing positions.
- Nurse for less time on the affected side (express the remaining milk).
- After feeding, allow a little milk to dry on the nipple.
- Air your nipples as often as possible. Wash only with water, pay particular attention to hygiene.
- Change breast pads after every feed.
- Bach flowers tip: 'Rescue Cream' – this doesn't need to be washed off before the next feed.



Nipple Shields

MAM Nipple Shields were developed together with medical experts, and come in a practical carry case.

MAM Med-Info

If sore or sensitive nipples are a bother, nipple shields help. They should be made of the thinnest possible material so that the shield perfectly adapts to the breast shape and feels familiar to baby – like MAM nipple shields, for example. The gentle studding allows air to circulate while the butterfly form allows maximum skin contact between mother and baby. Important: use nipple shields for as short a time as possible. Baby should stay familiar with the breast.

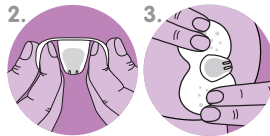
Nipple Shields

Gentle nipple protection for sore nipples – maximum support for you & your baby

- SkinSoft Silicone for a natural feeling
- Unique shape for maximum skin contact
- Fine dimples allow air circulation on baby's cheek
- Adhere very well & guarantee a steady drinking flow
- Slits close during sucking break to prevent milk from leaking

Instructions for use

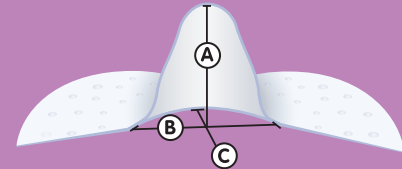
1. Wash your hands!
2. Invert the wings.
3. Place on nipple and smooth out wings.
4. Check that the shield fits the nipple and is firmly attached before breastfeeding.



Available in 2 sizes

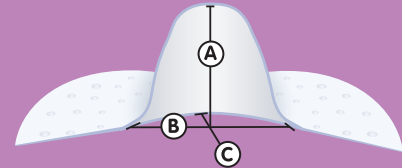
Size1: small

- (A) 20mm
- (B) 17mm
- (C) 15mm



Size2: regular

- (A) 21mm
- (B) 23mm
- (C) 19mm



MAM Med-Info



Monika Thönen, midwife, Switzerland, on the qualities of the MAM Nipple Shields:

“Mothers really like the nipple shields because they adhere perfectly, are comfortable to wear and the butterfly shape provides so much skin contact. The fine dimples mimic the areola, which creates familiarity. I would say the vacuum behaviour of the MAM Nipple Shields is very good. The natural sucking pattern is not disturbed and the sucking point is easily reached.”

Chapter 7:

Breastfeeding day-to-day

Loving routine, totally relaxed

Some guides talk about 'breastfeeding crises'. To be honest: here at MAM we don't think this is a good description. It is true that in the short-term the natural course of things can become unbalanced and it may seem as though there is too little or too much milk available. This happens to almost all mums at least once and is completely normal.

Sometimes, it takes a while to get to know each other and misunderstandings may arise. Sometimes, slight difficulties interfere (see chapter 6 – 'Particular challenges') and sometimes it's just completely natural growth spurts that babies go through – their hunger then suddenly increases from one day to the next. Immediately reaching for alternative nutritional sources or hurried weaning is almost never the right solution. Asking a midwife or seeking a doctor's advice is preferable and, in most cases, the loving, relaxing togetherness is quickly rediscovered.

MAM Med-Info

Please don't stress about baby's weight – this develops with natural ups and downs:

- In the first week, baby is allowed to lose up to ten percent of their birth weight because their metabolism is undergoing a complete change.
- In the first six months, breastfed babies gain between 150 to 200 grams a week.
- Afterwards, up until the first birthday, only 50 to 120 grams are gained weekly.

Only rarely is additional nutrition necessary. If it is, medical advice should definitely be sought beforehand.



Ways to help to calm mother and baby

- Practically arranged by nature: breastfeeding helps with breastfeeding – endorphins (happy hormones) are released by the body during breastfeeding, making lots of things easier for mum.
- At the most, one or two cups of peppermint or sage tea reduce milk flow. Apricot compote, honey with chopped nuts, Champagne or prosecco encourage it.
- Bach flowers therapy eases baby blues (Mimulus, star of Bethlehem, sweet chestnut, olive, pine) and soothes sore breasts ('rescue cream').
- Sleeping when baby sleeps helps mum to re-energise.
- Support from your partner (for example with bottle-feeding) strengthens the father-baby relationship and gives mum some time off.
- A good selection of basic accessories for breastfeeding mums – breast pads, nipple shields, breast pump, bottle, milk storage containers – should be at home from day one, so that you have everything you need, just in case.

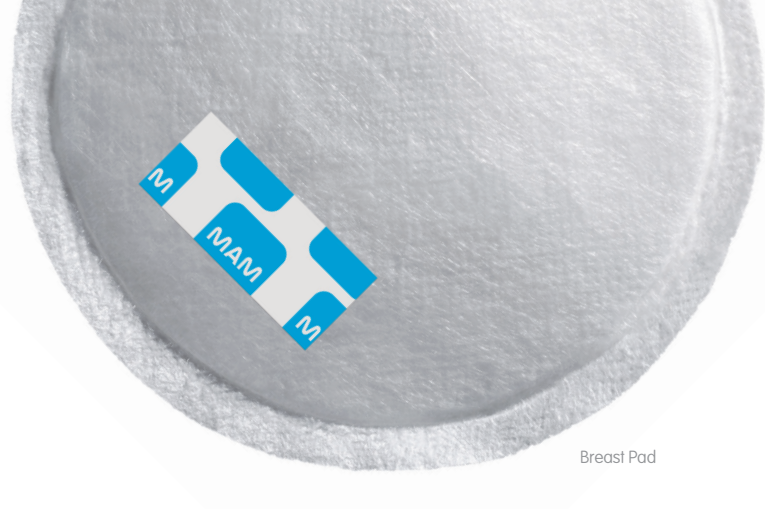
Mums are allowed to think of themselves

Daily life with a baby brings happiness, but is also exhausting. Because breastfeeding only really works well when both of you are happy: it's better to take a time-out and grab your partner, family, friends or a babysitter to give you some time to relax. After a couple of hours for yourself, you'll feel a whole lot better.

Sporting activities? Go on! But please start slowly – the body is still recovering from birth. If your nipples are OK, swimming, for example, can be ideal (making sure the chlorine is thoroughly showered off afterwards), low-key exercises like Nordic walking or special gym classes designed for mums also work well. Because muscle-training increases the lactate level in the blood, the milk can taste different afterwards. If baby reacts to this, just take a nursing break for a couple of hours.

Going to work? From a health point of view, nursing mums who want to work can do so. Legislation provides regulated nursing time (ask your HR department).

Taking part in festivities? Children have nothing against festivities in moderation (especially when it means even more attention from even more adults!) – as long as there is a room to withdraw to: a quiet place for undisturbed breastfeeding and sleeping. A small glass of wine is also OK, if drunk straight after breastfeeding so that the body can metabolise the alcohol before the next feed.



Breast Pad

MAM midwife tip



Midwife Traude Trieb on breast pads:

"It is completely normal for a little milk to leak out between feeds. Breast pads keep the skin dry and you feel well cared for. A small acupressure trick:

if you feel leakage, apply gentle pressure to the breast tip through your clothing. Important: breast pads should be thin enough to be invisible through clothing. They also need a breathable top sheet over a highly absorbent core and a fixing strip that prevents the pad from sliding out of place."

Chapter 8:

Expressing & supplementary feeding

A bit of independence

There are many reasons to express milk:

- To relieve very full, firm breasts
- To take a longer nursing break to care for sore nipples
- To stimulate milk production
- To create an additional supply of milk
- To partly or completely switch to bottle-feeding – to give yourself a bit more flexibility or to involve your partner more

For babies that already have a breastfeeding routine, switching to a bottle is usually very easy. The touch of the bottle teat initiates the same sucking reflex as the breast tip and, if the bottle feels nice and is offered as lovingly as the breast, milk given this way is most welcome.

Perfect milk management

MAM, together with medical experts, midwives and experienced parents, has developed a perfect product range for milk management.

Manual Breast Pump

The sophisticated solution for comfortable, safe expressing:

- Gently stimulates comfortably with soft, reliable suction inserts ideal for comfortable positioning – the funnel rotates 360° and always has a secure hold
- Adjustable suction strength
- Easy to use and clean – consists of only 4 parts
- Perfectly matched to the MAM Easy Start™ Anti-Colic bottle: milk is pumped directly into the bottle – no pouring



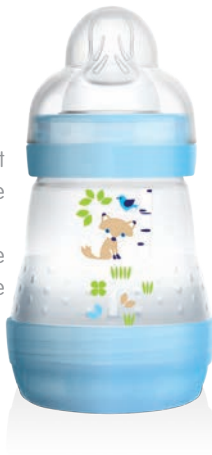
Manual Breast Pump



MAM Easy Start™ Anti-Colic

The innovative vented bottle helps babies to relax while they drink as they do not swallow any air.

- Thanks to the SkinSoft silicone surface, the teat is easily accepted by babies: 94%* accept the MAM teat
- The innovative MAM Easy Start vented base allows babies to drink calmly and relaxed – the effect: **80% less colic****
- Wide openings for **easy filling and cleaning**
- Different teat sizes to control milk flow



The MAM designers have designed a silicone teat that babies instinctively like – thanks to its soft surface, which is similar to skin.



The Easy Start easily becomes a self-sterilising bottle. It can be sterilised in the microwave – quickly and reliably, without any additional equipment.

Storage Solution

Secure storage for breast milk and baby food, practical transport solution for on the go:

- The beaker can be cleaned and sterilised as often as required
- Suitable for storing in the fridge or freezer. And for on the go.
- Thanks to the washable space for labelling, you can always keep an eye on the contents date
- With an accurate measuring scale for storing in portions
- The Manual Breast Pump fits the beaker exactly – breast milk can be expressed directly into the beaker and hygienically stored



* Market research 2009–2014, tested with 1,349 babies.

** Field study, Austria 2011, tested with 73 mothers of colicky babies/Market research, USA 2010, tested with 35 mothers of colicky babies.

Tips for expressed milk

- Expressed milk can be stored in the fridge for up to 24 hours.
- In the freezer, it can be stored for up to three months – defrost either overnight in the fridge or carefully in a water bath.
- Warm the milk to a maximum of 37 degrees Celsius.
- Do not put the milk in the microwave to heat, otherwise micro-nutrients and other valuable properties of the milk will be lost.
- Leftover breast milk cannot be offered to baby again – but can be added to baby's bath.
- Washing by hand: please only use the special baby bottle brush.
- All the usual methods are suitable for sterilising.

MAM midwife tip



Midwife Traude Trieb on correct bottle-feeding:

"Feeding with a bottle can be just as affectionate as breastfeeding. Intense physical closeness, eye contact, intimacy – this is what matters. If you also regularly change sides when bottle feeding, the nursing habit remains intact and baby's hand-eye-coordination is stimulated."

Chapter 9: Baby development

Small babies, so big

Babies conquer a little more of the world every day – and learn new things, new feelings and new abilities.

Soothers are often the first conquest, when baby's interest is no longer solely focused on nursing. In principle, a soother can be given as soon as breastfeeding is established. The extremely high desire to suck – on average, infants want to fulfil this desire every 13 minutes – simply cannot be satisfied through feeding alone.

If the soother is correctly made and shaped (the multiple awards received by MAM products have set standards in this – see mambaby.com), there are many reasons to use one if baby shows signs of wanting to suck:

- Infants feel protected and safe when sucking.
- They quickly learn to differentiate between soother, breast or bottle.
- Well-shaped soothers support tooth and jaw development.
- With a soother, other family members can also comfort baby.

- A study* conducted by the internationally renowned Argentinian paediatrician Alajandro G. Jenik provides evidence that using a soother has no negative influence on readiness or ability to breastfeed.

MAM Med-Info

This may be the single most important argument for using a soother: It has frequently and clearly been proven that soothers have a protective effect against the risk of SIDS (Sudden Infant Death Syndrome; so-called 'cot death'). With this in mind, allowing baby to fall asleep with a soother (on his back and at a cool room temperature of between 18 to 20 degrees Celsius) is also a considerable safety factor.

* Jaafar SH, Jahanfar S, Angolkar M, Ho JJ, Cochrane Database of Systematic Reviews, Issue 3, 2011.



Solids

At somewhere between four and six months of age, babies begin to become curious about nutritional experimentation. Now is the right time to introduce solids. Infants also need these to satisfy their nutritional needs (more on mambaby.com).

- Start with puréed, relatively runny food made with easily digested ingredients (carrots, pumpkin, potatoes, courgette or low acid fruit like apples or pears – organically grown if possible).
- To begin with, offer a few spoons of porridge daily.
- After a while you can also try offering baby rice or baby cereals.
- Forget salt, sugar and spices as well as cow's milk, honey, fish and nuts.
- During the first weeks of introducing solids, **breast milk remains the main nutritional source** – alternatives should be slowly and continually increased.
- Mixtures taste good too – for example breast milk with baby rice.
- If breast-milk is insufficient to quench thirst, try water or unsweetened herbal and fruit teas.



Weaning

In principle, all experts recommend exclusive breastfeeding for the first six months. But this is just a guideline, not a rule. How long breastfeeding continues says nothing about a mother's abilities or qualities. Tender loving care can be given in other ways. Breastfeeding decisions are personal ones – and can only be good if both mother and baby are happy.

- Some babies no longer want to be breastfed. Breastfeeding times become shorter and solid meals more frequent – this also helps the body to gradually decrease milk production.
- Weaning baby should be done carefully and slowly. To begin with, regularly switch between breast and bottle. Then increase bottle feeds with a suitable milk alternative. If this doesn't work, use expressed breast milk.
- Gentle support from Bach flowers (Chicory, Beech) and new, loving rituals (e.g. massages, bathing together, singing, etc.)
- If you need to begin weaning for health reasons, it is imperative that you seek medical advice. Medication is available to help stop milk production.

Learning to eat and oral care

Oral hygiene is actually important right from the start, but at the latest, when solids are introduced. The MAM Oral Hygiene Guide provides information on why cleaning is important long before the first tooth and how best to protect your baby. When baby is ready to sit at the table with the rest of the family, MAM offers a wide range of support products: from age-specific training cups to cutlery for learning to eat – all designed in partnership with developmental psychologists.

MAM midwife tip



Midwife Traude Trieb on her experience with weaning:

"My many years of professional experience show that babies are considerably harder to wean after their first birthday."

Chapter 10: Back in shape

Breastfeeding and fitness

Some mums are afraid that breastfeeding will affect their body and breasts. This is not true. On the contrary: breastfeeding aids getting back into shape after birth. The energy that nursing mums have to summon up is more than would be needed for an intense fitness programme. It is pregnancy that makes tissues softer overall – and this can also have an effect on the breasts.

This is why nursing women should avoid strenuous sporting activities and diets. Nature plays her part here as well. Even mums who are not particularly anxious to get back into shape right away, and who are happy to wait a few months (and – see chapter 4 – ignore the old saying ‘eating for two’), will definitely get back to their original size again.

A new “special relationship”

When breastfeeding has come to an end, a very special mother-baby relationship ends. It is OK to be a little sad. But only briefly, because in the months and years ahead there will be so many more events that will closely bond mother and child. And there is plenty of space for tender loving care and intimacy through being together – despite not having breastfeeding to share any more.

MAM midwife tip



Midwife Traude Trieb on the period after weaning:

“As a midwife, I am of course still there for ‘my’ mums. I can only recommend maintaining contact with the midwife, lactation consultant or parental group – because most concerns that mums have are better dealt with together.”



MAM Breastfeeding products

Maximum comfort and independence for you and your baby.



Manual Breast Pump



- Easy to use & clean
- Adjustable 360 degree funnel for comfortable expressing
- Expressing strength can be individually selected

Storage Solution



- Secure storage of breast milk & baby food in the fridge & freezer
- Fits onto the MAM Manual Breast Pump – express directly into the container

Nipple Shields



- Protects sore nipples
- Trusted SkinSoft silicone surface
- Innovative shape for maximum skin contact

Breast Pads



- Ultra thin – invisible under clothes
- Absorbent & breathable
- For a comfortable & secure feel



MAM Bottles

**BPA°
BPS
free**

°BPA/BPS free: All MAM products are made from materials free of BPA and BPS (BPA free in accordance with the EU Directive 321/2011).

0+
months

Easy Start™ Anti-Colic
130 / 160 / 260 / 320 ml



- Relaxed drinking flow thanks to the MAM Easy Start innovative vented base
- With SkinSoft silicone teat – for a familiar feeling

Feel Good Glass Bottle
170 / 260ml



- Made from temperature resistant premium glass
- With SkinSoft silicone teat – for a familiar feeling

2+
months

Easy Active™ Baby Bottle
270 ml / 330 ml



- With SkinSoft silicone teat – for a familiar feeling
- Easy to hold, easy to fill

4+
months

**Trainer+
220 ml**



- Extra soft, spill-free bottle spout
- Easy to hold, ideal for on-the-go

* Market research 2009-2014, tested with 1.349 babies.

MAM Cups



°BPA/BPS free: All MAM products are made from materials free of BPA and BPS.

4+
months

Starter Cup

150 ml / 5 US floz



Extra Soft Spout

- Baby's first cup
- Small & curved – easy for babies to hold
- Ultra soft & spill-free spout

6+
months

Learn To Drink Cup

190 ml / 6 US floz



Soft Touch Spout



- The soft spout prepares your baby for the switch to a hard spout
- Ideal for learning to drink independently
- Anti-slip design & ergonomic shape – easy to hold

8+
months

Fun To Drink Cup

270 ml / 9 US floz



HARD SPOUT



- Harder spout – perfect for making the transition from cup to glass
- Fun & easy for little explorers

12+
months

Sports Cup

330 ml / 11 US floz



SPORTS CAP



- Harder spout – perfect for making the transition from cup to glass
- Fun & easy for little explorers

The MAM Principle

Parents are demanding. At MAM, we are too. That's why, for over 40 years, we've been developing products that are unique in design and function. Our products are the result of intensive teamwork between experts from medicine, research and technology. This enables MAM products to support the individual development of each child and make everyday life easier for babies. Every MAM innovation follows this principle. So parents can feel confident. And babies feel good.



Join the **MAM Club** at mambaby.com

We like to share our knowledge and experience with you in brochures like this one, on mambaby.com and with other members of our MAM Club. Discover the fabulous world of MAM and enjoy exclusive benefits and surprises.*

*Becoming a member of our MAM club has lots of advantages. You'll get exclusive access to information, news, promotions, competitions and services. Check out our monthly development calendar – sent via email – to let you chart the joyful experiences and development of your baby's early years.

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Manual Breast Pump



mambaby.com