



Breast-feeding – a unique experience

Contents

A special relationship

Introduction by Ing. Peter Röhrig	5
Chapter 1: Pregnancy	6
Chapter 2: Birth & first breast-feeding	8
Chapter 3: First days at home	12
Chapter 4: Everything about milk & measures	18
Chapter 5: The breast-feeding relationship	22
Chapter 6: Special challenges	24
Chapter 7: Breast-feeding day-to-day	28
Chapter 8: Expressing to feed	32
Chapter 9: Baby development	36
Chapter 10: Back into shape	40
MAM Breast-Feeding Products	42
MAM Bottles Overview	44
MAM Cups Overview	44
The MAM Principle	46
Masthead	47



MAM Med-Experts:



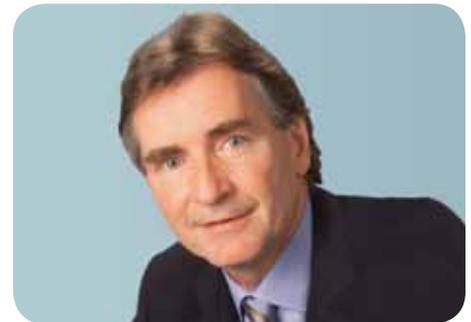
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A special relationship

Breast-feeding is a unique baby experience. So much intimacy. So much affection. So much love. If it wasn't for the uncertainties. Will it work straight away? How long and how often should you breast-feed? And what if difficulties arise?

At MAM, we would like mothers (and fathers!) to be able to completely enjoy the period of breast-feeding with their baby. Nature has thought of everything. And with a little practice, parents and newborn are soon a perfect team.

The MAM Guide, Breast-feeding – a unique experience, has been compiled in cooperation with Dr. Reinhold Kerbl, Dr. Karl Zwiauer and Traude Trieb, an experienced midwife. Compact and clearly structured, it deals with all of the topics that concern breast-feeding mums:

- the biological foundation of a special relationship,
- the correct technique, from the first latch-on to weaning
- also includes tips, tricks and helpful hints for just in case.

The most important thing to start with: breast-milk is best for babies. Nevertheless, breast-feeding is a very personal affair. The need alone – of

mother and baby – determines whether baby is fully or partly breast-fed and how long breast-feeding continues, if at all.

The breast-feeding relationship is special only if both are happy with it.



Ing. Peter Röhrig

Chapter 1: Pregnancy

Preparations are under way

Everything needed for breast-feeding 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 be tender and one or two veins could become slightly visible.
- The tips of the breasts become darker so that later baby can see them more easily.
- In the third month the breasts become larger and heavier because alveoli (where milk is later pooled) and ducts rapidly multiply.
- Towards the end of pregnancy, the tiny duct openings in the nipple can already be identified.
- And the body's added roundness is absolutely OK – this represents the energy reserves that are vital for breast-feeding.

The baby is also in training: between the eighth and twelfth week of pregnancy he is already practicing sucking on his own fingers and drinks amniotic fluid to stimulate kidney function.



What mums can do now:

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

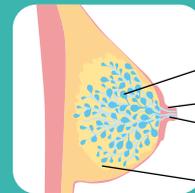
Size doesn't matter

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 is enough to drink.

Conclusion: Forget worrying. Build up some self-confidence instead – because this combined with joyful anticipation is the very best training for breast-feeding.

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.



Mammary Glands

Nipple (Mamilla)

Mammary Duct

Fat Cells

Chapter 2: Birth & first breast-feeding

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 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 intensely, a little later on. Fathers or close relatives or friends can be there as the first loving contact.

Relax, search, nurse

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

- Nurse the baby on both breasts so that he gets used to the changing straight away.
- Lots of quiet, no pressure to succeed. Sometimes a little more 'getting to know each other' is necessary, this is OK.
- If immediate nursing is not possible for medical reasons, the milk should be expressed (electronically or manually), so that production is not stalled.
- Midwives and lactation consultants at the hospital are happy to help, give you self-confidence and help you relax.



Birthday drink and first feedings

Breast-feeding is not only good for the relationship and getting back into shape; the milk is also perfectly matched to baby's needs:

- The first milk is the 'foremilk', or colostrum – thick, yellow to orange in colour, easy to digest, high in concentrated nutrition and antibodies as well as having a laxative effect on the baby, so that his digestive tract gets going.
- 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 a few fat reserves.
- Between the second and sixth day after birth the full milk supply arrives (the milk 'comes in').
- Some women hardly notice the milk coming in, others have the typical signs: the breasts feel extremely full for a couple of days.
- Having a comfortably warm shower whilst gentle massaging a little milk out (or expressing) helps relax.
- The mature milk that babies are now drinking has a higher fat content.
- And nature ensures perfect helpings: the first part has a thin consistency to quench thirst and the rest (also from the second breast) is thick and high in carbohydrates for the big appetite.
- So that babies get the nutritional 'hind milk', they should always feed for an adequate period.

MAM Med-Info



Behind breast-feeding are hormones and reflexes, which are activated by nursing:

- Prolactin stimulates milk production
- Oxytocin causes cells to contract – so that the milk is pushed into the ducts leading to the nipple.
- This so-called 'let-down' (milk ejection) reflex is repeatedly triggered while feeding; it simultaneously works for both breasts, so that the second leaks a little.
- Some mums clearly feel the reflex, others hardly notice.
- 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 breast-feeding experts with style

In principal, breast-feeding functions according to the theory of supply and demand – the more that is consumed, the more is produced. This is why breast-feeding does not follow a timetable. It responds to demand and then the milk production will work to match baby's requirements.

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

Very important: every infant is unique. Some drink quickly and often, others, slowly and relaxed. Greedy ones need their audible burp; babies that take it easy push up less often. The individual style is an expression of 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 strip milk from the breast – and simultaneously stimulate the production of new supplies.

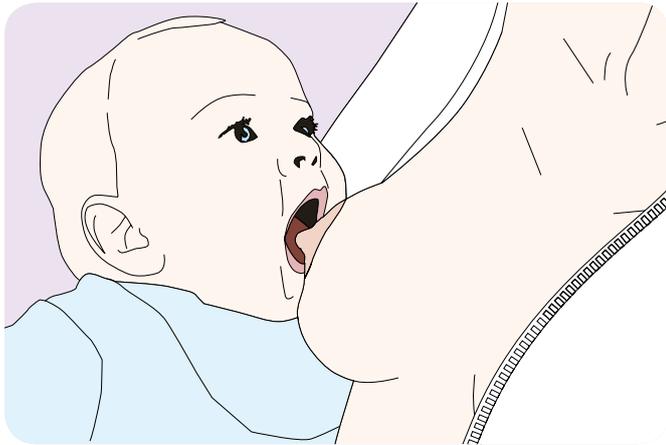
Tips for correct latch-on:

- Get comfortable and relax with a thirst-quenching drink – breast-feeding 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 breast tip.
- 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'.

- Now gently touch baby's bottom lip with your nipple until baby opens his mouth fully, his tongue lying above the lower dental ridge.
- This is the correct moment to move baby closer. His 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.

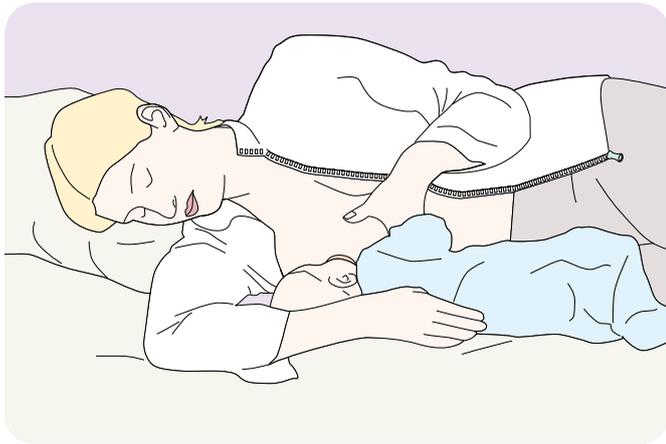
- Now baby strips the milk, nose and chin are on the breast – don't worry, baby can still breathe.
- Due to the swallowing actions, you are able to tell when hunger is dwindling. If baby is no longer nursing properly, but not letting go you can help release the hold with your finger.



If baby is no longer nursing properly, you can help release the hold with your finger.

Nursing positions – sensible diversity

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

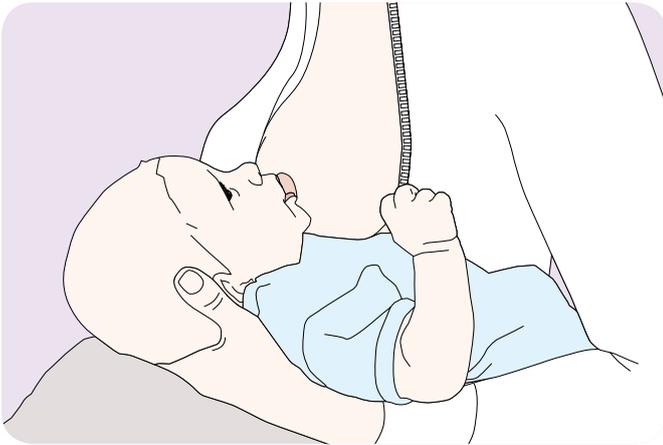


Cross-Cradle hold: Unusually the favourite for early days and at night. Tummies together. Use the upper arm to C-hold the breast and the lower arm to pull baby closer as soon as he opens his mouth wide. Many mums like to place a pillow behind their neck and back to prevent tension.



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

MAM Midwife tip



Clutch hold: or 'football hold': so called because baby lies locked in your arm like an American football – additionally supported with a pillow and on the side on which you are nursing respectively. The feet point backwards, the mouth is level with the nipple, the eye-contact perfect. Ideal for full breasts and eager babies.



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 something can be done about it with Bach flower- 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; best is as a room spray, as a wash for underarms or feet or as a shower gel."

Chapter 4:

Everything about milk & measures

Breast-milk – the super-mix

Breast-feeding – all experts agree – 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, immune defence.
- Breast-milk automatically adapts its production and composition according to baby's needs. The composition varies and can change during breast-feeding – personally, to the infant's exact requirements.
- Nursing is not only very good for the mother-baby relationship, it also promotes the development of baby's jaw and facial muscles – this helps with eating and learning to talk later.
- Breast-fed babies tend to be less prone to infections and allergies, diabetes or be overweight.
- Nursing mums also tend to remain in good health: fewer postnatal infections and the German Cancer Research Centre have even found evidence to show that the risk of breast cancer is reduced.
- Additionally nursing helps get you back into shape faster.
- Breast-milk is easy to digest. Gastro-intestinal problems are less likely.

When, how often, for how long?

International organisations like UNICEF or WHO recommend exclusive breast-feeding up to 6 months of age. So that baby can fully benefit from this, mum must also feel good about it. This is why breast-feeding is and remains a very personal affair.

The duration, frequency and amount of breast-feeding also work according to 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 birth to about 500ml daily a few days later.
- Frequent nursing from both breasts each time promotes milk production.
- A six-month-old baby drinks about 800ml daily.
- You can rely on nature, the 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.

MAM Midwife tip

- Depending on baby's method of nursing, one feeding 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. At first, babies don't understand this progression. Tip: sleep when baby sleeps – Mums need every bit of rest they can get.



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

"I recommend doing without baby weighing scales – they just stress you out. It is enough to weigh baby once a week with a midwife/ lactation consultant/ paediatrician. You can see whether baby is well or not: he drinks regularly, is growing and learning, looks bright, the eyes shine, the nappy is wet on average between four and six times a day. Breast-fed 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 – this is no cause for concern."

Healthy food for nursing mums

Healthy and ample nutrition – yes, of course. Breast-feeding and diets don't get along at all. However, the old saying 'eating for two' is passé. Nursing mums only need about 250 to a maximum of 500 calories more than mums who don't – a generous slice of bread and cheese is enough.

Other things that do good:

- Calcium: in green vegetables, black sesame (has eight times as much calcium as milk – 2 tbsp daily are ideal), soya products, tofu, figs or dates.
- Iodine: in fresh water fish and iodinated salt.
- Protein: in eggs, meat, wheat. Also in pulses and milk products – but these should be forgotten if gas results.
- Fat: yes, but high quality, for example in cold-pressed oils.
- Fruit & Veg.: raw too, please. Although 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: these dispense energy with cheese, yoghurt, wholemeal bread, muesli and salad.

- Liquids: very important! But go easy on alcohol and coffee (one small glass/one cup maximum a day, best had straight after breast-feeding, so that the body can metabolise). Tea restriction: 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 or malt beer.

What babies don't like because it causes gas, hurts or tastes bad – 'suspicious culprits' are cabbage, onions, garlic, citrus fruits, chocolate, nuts and fizzy drinks – is easily identified: just eat more or less of the suspicious food and watch for baby's reaction when he comes to feed.

Often, breast-feeding mums are advised to drink plenty of milk themselves. Please do not follow this advice! Especially for babies with gas, I recommend completely leaving out products made from cows-milk. Above a certain amount, the fatty cows-milk passes into the breast-milk – and then causes gas.



Chapter 5: The breast-feeding relationship

From the first bonding to the perfect team

Please relax: breast-feeding doesn't always work perfectly straight away. Sometimes mother and baby have to first adjust to each other – but from then on it's simple. And simply wonderful!

Breast-feeding conveys feelings of safety and warmth. The first touches, smells and sights after birth are the basis for a good relationship. The baby also needs to relax a little after birth and then he immediately looks for the breast.

Breast-feeding promotes happiness. Hormones ensure that incomparable feelings of happiness about feeding her baby are bestowed on a mother.

Breast-feeding is closeness. A feeding – every two to three hours – always comes with intimacy. Tip: include your partner (see also chapter 8 – bottle-feeding).

Breast-feeding needs peace and quiet. The telephone can be in silent mode, the e-mails can wait. On top of the physical aspect, plenty of mental concentration is required – especially in the beginning – so that you can learn to understand baby's signals.



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Breast-feeding is understanding. Trust your own instincts. Very soon, mums recognise signs of hunger, know the breast-feeding routine and understand perfectly which foods their babies prefer.

Breast-feeding keeps good health. And not only baby's with strength for growth and antibodies, but also mum's (see chapter 4 – Breast-milk – the super-mix).

Breast-feeding has curing powers. A drop of breast-milk contains thousands of curative cells – ideal for navel (tummy button) care, slightly inflamed eyes, earache, colds or a sore bottom. Express a little milk and apply with your finger – your clean finger, of course.

Breast-feeding 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, swallowing and shortly afterwards digestion is heard, a full baby relaxes his hands.

Breast-feeding is teamwork. Only if both mum and baby are enjoying the time is it also good for both. So expressing (overly full breasts) is just as OK as gentle waking, if the breast-feeding break is too long. And using a bottle can be a nice change as well.

Babies & 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: Special challenges

Help with difficulties

Every breast-feeding 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.

The baby isn't sucking strongly enough. Hardly five minutes on one breast, weak sucking, eyes closed, less than 6 wet nappies a day and no bowel movement? So that the infant's growth and mum's milk production aren't slowed down, help is needed: plan shorter, but more frequent feedings, choose the most comfortable nursing position, manually massage milk into baby's mouth whilst nursing.

Breast-feeding twins. The demand is twice as high, but so is the supply. With frequent nursing early on the 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 football hold lends itself well to dinners-for-two (see chapter 3), midwives are happy to help with other good positions for this special case.

Breast-feeding pre-mature babies. The perfectly balanced breast-milk is especially valuable for 'preemies'. If nursing and sucking are not possible straight away, regular expression is imperative – starting very soon after birth so that the protective foremilk is available and milk production is initiated.



Caesarean & breast-feeding. Good, because the milk is there and nursing promotes the healing process. It's easiest lying down, 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 him closer.

Breast-feeding after breast surgery. Only a doctor can assess whether nursing is possible under these circumstances. Important: gather information in good time and be prepared for alternative nutrition.

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

Not enough milk. Usually the uncertainty is much greater than the actual deficit. Nature can be trusted. Only if baby really isn't growing and learning are medical advice and another nutritional source necessary. Tips for stimulating the flow of milk: nurse frequently (at least every two hours) and correctly, always offer both breasts, potentially express.

Too much milk. Yes, this can also happen. The cause is a very strong milk ejection reflex, resulting from unsettled drinking – the baby often chokes and repeatedly releases the breast. Corrective tips: before nursing allow a little milk to flow from the breast, lean far back for latch-on so that baby is nursing counter to gravity; only offer one breast per feeding (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. Likewise inhibiting: 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 wean now, nurse more often (or express) if possible, so that baby's lower jaw points in the direction of the troubled area. Before feeding apply a damp, hot packing 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 with 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.

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 as for engorgement doesn't help, please contact your doctor. There are also effective homeopathic – and therefore suitable for nursing mums – remedies (Belladonna C30).

Sore nipples. The most common problem, normally triggered by incorrect or too frequent nursing. What helps: pay attention to correct latch-on (also see chapter 5 ,Breast-feeding relationship), change the nursing positions, briefer nursing 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, be especially hygienic, use new breast pads after every feeding. Bach flowers tip: Emergency cream ('Rescue Cream') – this also doesn't need to be washed off before the next feeding.



MAM Nipple Shields developed together with medical experts, in a practical, sterilizable box.

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

Chapter 7: Breast-feeding day-to-day

Loving routine, totally relaxed

Some guidebooks talk about 'breast-feeding crises'. Frankly: 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 the available milk is too little or too much. This happens to almost all mums at least once and is completely normal.

Sometimes getting to know each other needs time, misunderstandings happen. Sometimes slight difficulties interfere (see chapter 6 – Special 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.

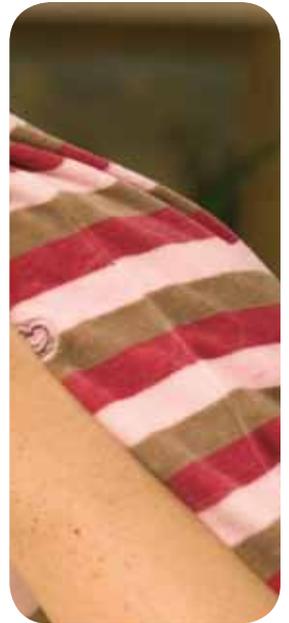
Immediately reaching for alternative nutritional sources or hurried weaning is almost never the right solution. Asking a midwife or seeking a doctor's advice is preferable – in most cases the loving, relaxing togetherness is quickly re-found.

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

- In the first weeks baby is allowed to lose up to ten percent of his birth weight because his metabolism undergoes a complete change.
- In the first six months breast-fed 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 – and if it is, medical advice should definitely be sought beforehand.



Helping to calm mother and baby:

- Practically arranged by nature: breast-feeding helps breast-feeding – endorphins (happy hormones) are released by the body during breast-feeding, making lots of things easier for mum.
- A tea blend of anis, fennel and cumin relaxes babies with gas.
- At the most, one or two cups of peppermint or sage tea reduce milk flow. Apricot compote, honey with chopped nuts 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 reenergize.
- 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 breast-feeding 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 breast-feeding only really works well when both are happy: it's better to take a 'time-out' and 'grab' your partner, family, friends or a babysitter for that time – 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 the nipples are healthy, swimming for example is ideal (making sure the chlorine is thoroughly showered off afterwards), not too strenuous nordic walking or special gym classes 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 would like to work can do so. Legislation provides regulated nursing time (ask your workers' representative) and additionally – with a cooperative boss – agreements can be made for part-time work and working from home.

Participating in festivities? Children have nothing against festivities in healthy portions (and even more attention from even more adults!) – as long as there is a room to withdraw to; a quiet place for undisturbed breast-feeding and sleeping. And a small glass of wine is also OK, if drunk straight after breast-feeding, so that the body can metabolise the alcohol before the next feeding.



MAM Breast Pads

MAM Midwife tip



Midwife Traude Trieb about breast pads:

“It is completely normal for a little milk to leak out between feedings. Breast pads keep the skin dry and you stay feeling fresh and clean. A small acupressure trick: if you feel leakage, press (with a normal amount of pressure) on the breast tip through your clothing. Important: the breast pads should be thin enough to be invisible through clothing, 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 to feed

A bit of independence

There are many reasons to express milk:

- To relieve very full, firm breasts
- A longer nursing break to care for sore nipples
- To stimulate milk production
- For an additional supply of milk
- To partly or completely switch to bottle-feeding – to become more flexible yourself or to involve your partner more.

For babies that already have a breast-feeding 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, the milk given this way is most welcome.

Perfect milk management

Together with medical experts, midwives and experienced parents MAM has developed a perfect product range for breast-feeding today.

Manual Breast Pump

The sophisticated solution for comfortable, safe expression:

- Gently stimulates with extra soft, suction inserts.
- Ideal for comfortable positioning – the funnel rotates 360° and always has a secure hold
- Adjustable suction strength
- Easy to use – consists of only 4 parts
- Easy to clean
- Perfectly matched to the Anti-Colic bottle: milk flows directly into the bottle – no pouring.





Anti-Colic with Silk Teat®

The innovative ventilated bottle that babies can relax with because they don't swallow any air while drinking.

- The patented MAM ventilated base eliminates vacuum build-up; milk flows smoothly – so that babies don't swallow air.
- Different sized openings (flow rates) in the different teat sizes control the flow of milk – so that babies correctly strip milk out as they do when nursing.
- Easy to use, easy to clean and innovative self-sterilising function.



**Silk
Teat®**

MAM designers have created a silicone teat, which babies instinctively like. Thanks to the soft surface the teat feels familiar.

**self
sterilising**

NEW: Self-sterilising function. The Anti-Colic can be reassembled for self-sterilising. It can be sterilised in the microwave – quick and easy without a separate steriliser.

Storage Solution

Secure storage for breast-milk, practical transport solution for on the go:

- Suitable for fridge or freezer
- Safe for transporting, tight sealing lid
- Accurate measuring scale, washable space for labelling
- The Manual Breast Pump fits the beaker exactly – so that breast-milk is expressed directly into the beaker and hygienically stored.
- The beakers can be sterilised as often as required.



Tips for expressed milk:

- Expressed milk can be stored in the fridge for up to 24 hours.
- In the freezer, for up to three months – defrost either in the fridge overnight 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 micronutrients and important immunological properties will be lost.
- Leftover breast-milk cannot be re-served – but can be added to baby's bath.
- A healthy baby's bottles can be put on the top dishwasher rack for cleaning.
- Washing by hand: please only use the special baby bottle brush.
- All of the usual methods are suitable for sterilising.

MAM Midwife tip



Midwife Traude Trieb about correct bottle-feeding:

“Feeding with a bottle can be just as affectionate as breast-feeding. Intense physical closeness, eye contact, intimacy – this is what matters. If sides are also regularly changed 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 aimed just at nursing. Fundamentally a soother can be given as soon as breast-feeding 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 – also see mamba-by.com), there are many reasons to use one if baby shows signs of the desire 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.
- Soother use, a survey conducted by the internationally renowned Argentinean paediatrician Alajandro G. Jenik provides evidence, has no negative influence on the readiness or ability to be breast-fed.

MAM Med-Info

Above all, maybe the most important argument for a soother:

It has frequently and clearly been proven that soothers have a protective affect against the risk of SIDS (Sudden Infant Death Syndrome; the so-called ‚cot death‘). Therefore, allowing baby to fall asleep with a soother (on his back and at a cool room temperature of between 18 to 20 degrees) is a considerable safety factor.



Solids. From about seven months of age babies already become a little curious about new 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 pureed, 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 baby rice daily.
- After a while you can also try offering baby cereals.
- Forget salt, sugar and spices as well as cow's milk, honey, fish and nuts.
- For the first weeks of introducing solids, breast-milk remains the predominant 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. Fundamentally all experts recommend exclusive breast-feeding for the first six months. But this is not a rule, just a guideline. How long breast-feeding continues says nothing about a mother's abilities or qualities, tender loving care can be given in other ways. Breast-feeding decisions are personal ones – and can only be good if both mother and baby are happy.

- Some babies no longer want to be breast-fed. The breast-feedings are always shorter, the solid meals more frequent – this way the body's milk production continuously decreases.
- Mothers who would like to wean their baby should do this carefully and slowly. Firstly, regularly switch between breast and bottle, then increase the bottle feedings with a suitable milk alternative – or if this doesn't work, expressed breast-milk.
- The moon phases give gentle support (the new moon supports every change), as do bach flowers (Chicory, Beech) and new loving rituals (e.g. massages, bathing together, singing etc.)
- If health reasons force weaning, it is imperative you seek medical advice; medication is available, which helps stop milk production.

Oral hygiene, learning to eat. 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. And for when baby wants to sit at the table with the rest of the family, there is help available from cups for learning to drink – adjusted according to baby's age – to cutlery for learning to eat – designed with development psychologists.

MAM Midwife tip



Midwife Traude Trieb about her experience with weaning:

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

Chapter 10: Back into shape

Breast-feeding & fitness

Some mums are afraid that breast-feeding will affect their body and breasts. This is not true. On the contrary: breast-feeding aids getting back into shape after birth. And the energy, which nursing mums have to muster up, is more than that for an intense fitness programme.

This is why nursing women should avoid strenuous sporting activities and diets. Nature works here too: those who do not want to be back in shape straight away, but can wait a couple of months (and – see chapter 4- ignore the old saying ,eating for two'), will most certainly get back to their original size.

A new 'special relationship'

When breast-feeding 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 which will closely bond mother and child. And there is plenty of space for tender loving care and intimacy through being together – despite not having breast-feeding to share.

MAM Midwife tip



Midwife Traude Trieb about 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 Breast-Feeding Products

Manual Breast Pump



only
4 parts **BPA
FREE**

The expression strength is individually selected, the cup adjusts to fit comfortable expressing positions.

Storage Solution



**BPA
FREE**

Ideal for securely storing breast-milk and baby food. Fits onto the Manual Breast Pump.

Nipple Shields



Silk
Teat® **BPA
FREE**

Maximum skin contact thanks to the innovative shape. Babies can still feed easily because the shields feel familiar.

Breast Pads



Ultra thin, maximum absorbency and breathable. So that nursing mums can feel confident.



MAM Bottles Overview

BPA FREE

BPA free: All MAM products are made of BPA free materials.

0+
months

Anti-Colic

130 / 160 / 260 ml
4 / 5 / 8 US floz



- Silk Teat® – for an easy switch between breastfeeding and bottle
- Smooth drinking flow thanks to innovative vented base

2+
months

Baby Bottle

270 ml / 9 US floz



- Silk Teat® – for an easy switch between breastfeeding and bottle
- Wide opening for easy filling and cleaning

4+
months

Baby Bottle

330 ml / 11 US floz



- Silk Teat® – for an easy switch between breastfeeding and bottle
- Wide opening for easy filling and cleaning

Trainer

220 ml / 7 US floz



- Spill-free Silk Teat® and extra soft spout – for an easy switch from breast or bottle to a cup
- Handles especially designed for baby's small hands

MAM Cups Overview

4+
months

Starter Cup
150 ml / 5 US floz



- Baby's first cup
- Lightweight and ergonomic shape – easy to hold for babies
- Non slip-handles fit all MAM Cups

6+
months

Learn To Drink Cup
190 ml / 6 US floz



- Soft leak-proof spout – ideal for the dynamics of everyday baby life
- Anti-slip design and ergonomic shape – easy to hold

8+
months

Learn To Drink Cup
270 ml / 9 US floz



- Hard spout – ideal for the transition from a cup to a glass
- Anti-slip design and ergonomic shape – easy to hold

12+
months

Sports Cup
330 ml / 11 US floz



- Spill-proof Sports Cap – fits all MAM Cups
- Curved anti-slip design – easy to hold
- Ideal for on the go

The MAM Principle

Parents are demanding. We at MAM are too. That's why, for over 35 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 means MAM products support the individual development of every child and make every day baby life easier. Every MAM innovation follows this principle. So parents can feel confident. And babies feel good.



Join the MAM Club at mambaby.com

We want to share our knowledge and experience with you in our brochures, 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 – yours via e-mail – to let you chart the joyful experiences and development of your baby's early years.



More products for every step your baby takes on
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MAM Manual Breast Pump