How PersonalFit™ PLUS for Symphony® increases human milk volumes in hospitals

Supporting mothers' milk production

Ensuring mothers have enough of their own milk to feed their infants can be a challenge. The Medela Symphony® breast pump's unique technology helps by supporting mothers to initiate, build and maintain adequate milk production over time.[1–3] The PersonalFit™ PLUS pump set enhances Symphony®'s performance by improving the effectiveness[4] of each pumping session, helping reassure mothers about their supply.

More milk in the same time

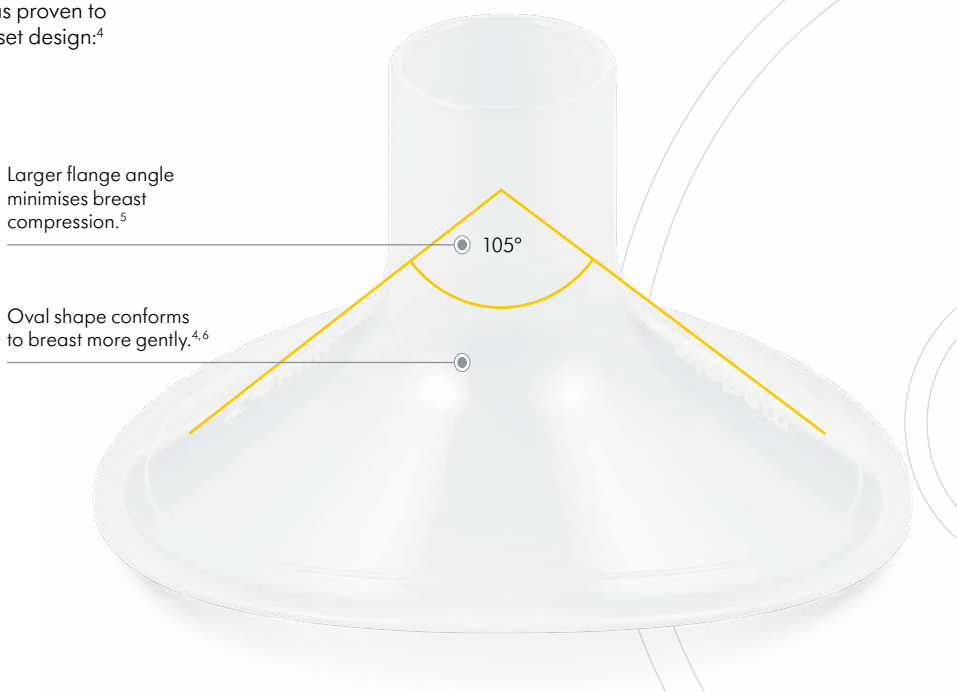
Unique new design
Medela used findings from its unique research programme to create the groundbreaking new PersonalFit™ PLUS breast shield. When tested in a randomised controlled trial,* it was proven to obtain more milk compared to the standard pump set design:[4]

Key enhancements
to the new breast shield:

After
15 mins of pumping:

11%
more milk

4%
more breast drainage



*49 mothers took part, performing 196 breast expressions.

Benefits of more own mother's milk

PersonalFit™ PLUS improves the chances of infants benefiting from an own mother's milk (OMM) diet, which:

- provides optimal nutrition
- lowers the rate of complications in newborns[7]
- improves short- and long-term health[8]

The greater human milk volumes PersonalFit™ PLUS and Symphony® help make available can mean:

- earlier transfer of infants from the NICU[9]
- fewer hospital readmissions[10,11]
- reduced reliance on donor milk and formula[12]

more milk = better health outcomes = hospital savings

Every drop counts
The more OMM an infant receives each day, the lower the risk of disease.[7]

See the PersonalFit™ PLUS range at medela.com/pfp and find more information at medela.com/education-materials

References **1** Meier PP et al. J Perinatol. 2012; 32(2):103–110 **2** Post EDM et al. J Perinatol. 2016; 36(1):47–51. **3** Torowicz DL et al. Breastfeed Med. 2015; 10(1):31–37. **4** Prime DK et al. 6th ABM Europe Conference, Rotterdam, NL; 2018. **5** Schlienger A et al. Breastfeed Med. 2016; 11(2):A28-A29. **6** Clinical study. (NCT02492139). 2016. **7** Victora CG et al. The Lancet. 2016; 387(10017):475–490. **8** Meier PP et al. Clin Perinatol. 2010; 37(1):217–245. **9** Schanler RJ et al. Pediatrics. 2005; 116(2):400–406. **10** Vohr BR et al. Pediatrics. 2006; 118(1):e115-e123. **11** Johnson TJ et al. J Perinatol. 2018 [cited 2018 Oct 23]. **12** Meier PP et al. Clin Perinatol. 2017; 44(1):1–22.

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