

# Lowering Costs and Enhancing Patient Outcomes with PersonalFit™ PLUS Breast Shields

## Maximizing Infants' Chances for an Exclusive Mother's Own Milk (MOM) Diet

Medela's PersonalFit™ PLUS is an innovative breast shield that optimizes human milk expression by offering more milk<sup>1</sup>, comfort<sup>1,2</sup> and flexibility.

It plays a critical role in the effectiveness of milk removal, offering the following benefits:

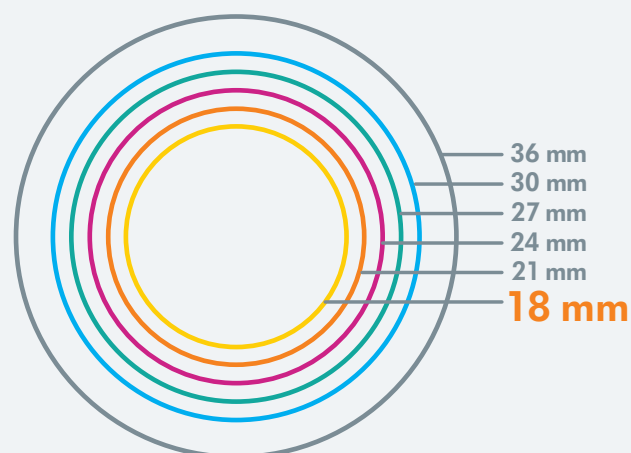
-  **MORE MILK:** After 15 minutes, 11% more milk and 4% more PAMR (Percentage of Available Milk Removed) were obtained when double pumping with an electric breast pump.\*<sup>1</sup>
-  **MORE COMFORT:** Clinically proven to improve comfort during pumping, minimizing the support parents need.<sup>1,2</sup>
-  **FLEXIBLE:** The oval breast shield can be rotated, making fitting different breast shapes easier.
-  **OPTIMIZING MILK REMOVAL:** Breast shields with a 105° flange angle allow optimal nipple placement while minimizing breast tissue compression, ensuring milk is efficiently removed from the breast and maximizing milk production.
-  **REDUCING RELIANCE ON DONOR MILK AND FORMULA:** By increasing milk volumes, the PersonalFit™ PLUS can help reduce the need for costly donor human milk or formula.



**after 15 minutes!<sup>1</sup>**

Medela's PersonalFit™ PLUS breast shield portfolio will now accommodate

**94%** OF LACTATING PARENTS<sup>3</sup>



# Unlocking the Benefits: The Advantage of an Exclusive Mother's Own Milk (MOM) Diet

Research consistently shows that infants fed human milk have improved health outcomes compared to those fed formula. It often exhibits a dose-response effect where increased consumption correlates with improved outcomes.<sup>4,5</sup>

Breastfed human milk can lower the incidence of:

- Respiratory illnesses
- Asthma
- Atopic dermatitis
- Obesity
- Childhood leukemia
- Diabetes mellitus
- Sudden Infant Death Syndrome (SIDS)

## Advantages of Optimizing MOM versus Donor Human Milk (DHM)

The hospitalization costs for newborns in the NICU due to complications that could be avoided through MOM feeding are substantial. These complications include conditions like late-onset sepsis, necrotizing enterocolitis (NEC) and bronchopulmonary dysplasia (BPD). Each of these complications contributes to an increase in hospitalization costs by 15–30%.<sup>6</sup>

While MOM and DHM are often collectively called “human milk,” there are significant differences. MOM offers the following benefits compared to DHM.



**IMPROVED HEALTH:** Reduces the incidence of morbidities, including sepsis, bronchopulmonary dysplasia (BPD), retinopathy of prematurity (ROP) and neurodevelopmental problems, while DHM primarily decreases the risk of necrotizing enterocolitis (NEC).<sup>7</sup>



**FASTER GROWTH:** Infants primarily fed with MOM not only exhibited faster weight recovery to their birth weight but also sustained accelerated growth compared to those predominantly fed with DHM.<sup>7</sup>



**MORE SUITABLE COMPOSITION:** Preterm milk has more immune and nutritional programming components than term milk. Fresh, early preterm milk (colostrum and transitional) best matches the preterm infant.<sup>8-14</sup>



**BETTER BIOACTIVITY RETENTION:** Live cells and bioactivity of milk components are preserved better than DHM due to fewer steps to obtain.<sup>8,11,15,16</sup>



**HIGHER COST-EFFECTIVENESS:** MOM reduces the costs associated with NEC and multiple morbidities.<sup>6</sup>

**The mean cost of DHM is 15 times more than formula per milliliter.<sup>17</sup> Optimizing MOM can improve patient outcomes and offer financial benefits to healthcare facilities, reducing the need for expensive DHM.**

**The mean cost of DHM is 15X > formula per mL**



### Citations

1. Prime DK et al. 6th ABM Europe Conference, Rotterdam, NL; 2018.
2. Clinical study. (NCT02492139). 2016.
3. Medela Nipple Database, 2024.
4. American Academy of Pediatrics. Newborn and Infant Breastfeeding. 05/31/2022. <https://www.aap.org/en/patient-care/newborn-and-infant-nutrition/newborn-and-infant-breastfeeding/> (accessed 06/04/2024).
5. Institute of Medicine (US) Committee on Evaluation of the Addition of Ingredients New to Infant Formula. Infant Formula: Evaluating the Safety of New Ingredients. Washington (DC): National Academies Press (US); 2004. 3. Comparing Infant Formulas with Human Milk. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK215837>.
6. Johnson TJ et al. Pharmacoecon Open. 2022; 6(3):451–460.
7. Cartagena D, Penny E, McGrath JM, Reyna B, Parker LA, McInnis J. Differences in Neonatal Outcomes Among Premature Infants Exposed to Mother's Own Milk Versus Donor Human Milk. Adv Neonatal Care. 2022 Dec 1;22(6):539–549. doi: 10.1097/ANC.0000000000001002. Epub 2022 Aug 1. PMID: 35939792.
8. Meier, P. et al. J Pediatr 180, 15–21 (2017).

Medela wordmark and logo are registered in the U.S. Patent and Trademark Office and the Canadian Intellectual Property Office. Science of Care and PersonalFit are trademarks of Medela. 0824 © 2024 Medela

9. Collado, M.C. et al. Nutrients 7, 8577–8591 (2015).
10. Marx, C. et al. J Hum Lact 30, 54–61 (2014).
11. Dvorak, B. et al. Adv Exp Med Biol 554, 407–409 (2004).
12. Ronayne de Ferrer, P.A. et al. J Am Coll Nutr 19, 370–373 (2000).
13. Rai, D. et al. Crit Rev Food Sci Nutr 54, 1539–1547 (2014).
14. Vass RA, Kiss G, Bell EF, Roghair RD, Miseta A, Bódis J, Funke S, Ertl T. Breast Milk for Term and Preterm Infants: Own Mother's Milk or Donor Milk? Nutrients. 2021 Jan 28;13(2):424. doi: 10.3390/nu13020424. PMID: 33525560; PMCID: PMC7912320.
15. Ballard, O. & Morrow, A.L. Pediatr Clin North Am 60, 49–74 (2013).
16. Jeurink, P.V. et al. Benef Microbes 4, 1730 (2013).
17. Johnson TJ et al. J Pediatr. 2020; 224:57–65.e4.

\*compared to traditional breast shields with a 90° angle.