

THE **Elite**TM Outperforms

Helps improve outcomes in the NICU

Improved Outcomes

Exceeds 500 mL by Day 5



Effective at all cycle settings



**Evidence
Based**

More vacuum/cycle combinations

More milk sooner



More milk by Day 14

CUSTOMIZES
WITHOUT
COMPLICATING



.....●

Since 1994, the Ameda Elite™ has been helping NICU mothers establish healthy milk production for their babies' hospital stay and well beyond.

.....●

FOCUS ON THE IDEAL

When breastfeeding goes smoothly, nothing could be simpler. But when a NICU baby can't breastfeed, pumping becomes key to both baby's health and to breastfeeding duration (O'Connor 2003). For better health outcomes, one priority is to express enough mother's milk to meet the baby's needs during the hospital stay and at discharge. Research estimates this to be about 500mL per 24 hours (Hill and Aldag 2005).

But lactation research sets the bar higher if exclusive breastfeeding is desired after the NICU stay. During the first 10 to 14 days postpartum, when a mother's body is primed and ready to make milk, it is recommended she brings in full milk production:

Ideal	> 750ml/24hrs
Borderline	350ml-500ml/24hrs
Low	< 350ml/24hrs

(Hurst, N. M., & Meier, P. P. 2005, p. 376)

After this critical two-week period, it becomes more difficult to boost a mother's milk production. This is one reason research has found that compared to breastfeeding mothers, mothers of preterm babies are at a three times greater risk of inadequate milk production at Week 6 (Hill 2005).

To give the mother of a NICU baby the best chance of meeting her long-term breastfeeding goals, by 10 to 14 days postpartum she should produce more milk than her baby needs at discharge and even more milk than a breastfeeding mother. Early pumping volumes affect milk output weeks later, so making more milk sooner increases breastfeeding exclusivity and duration, both of which are closely linked to both mothers' and babies' life-long health outcomes (O'Connor 2003).



When the focus is on the ideal milk production volume, think **Ameda Elite**, which NICU research has found outperforms other hospital-grade breast pumps.

WHAT IS YOUR ULTIMATE GOAL?

BORDERLINE

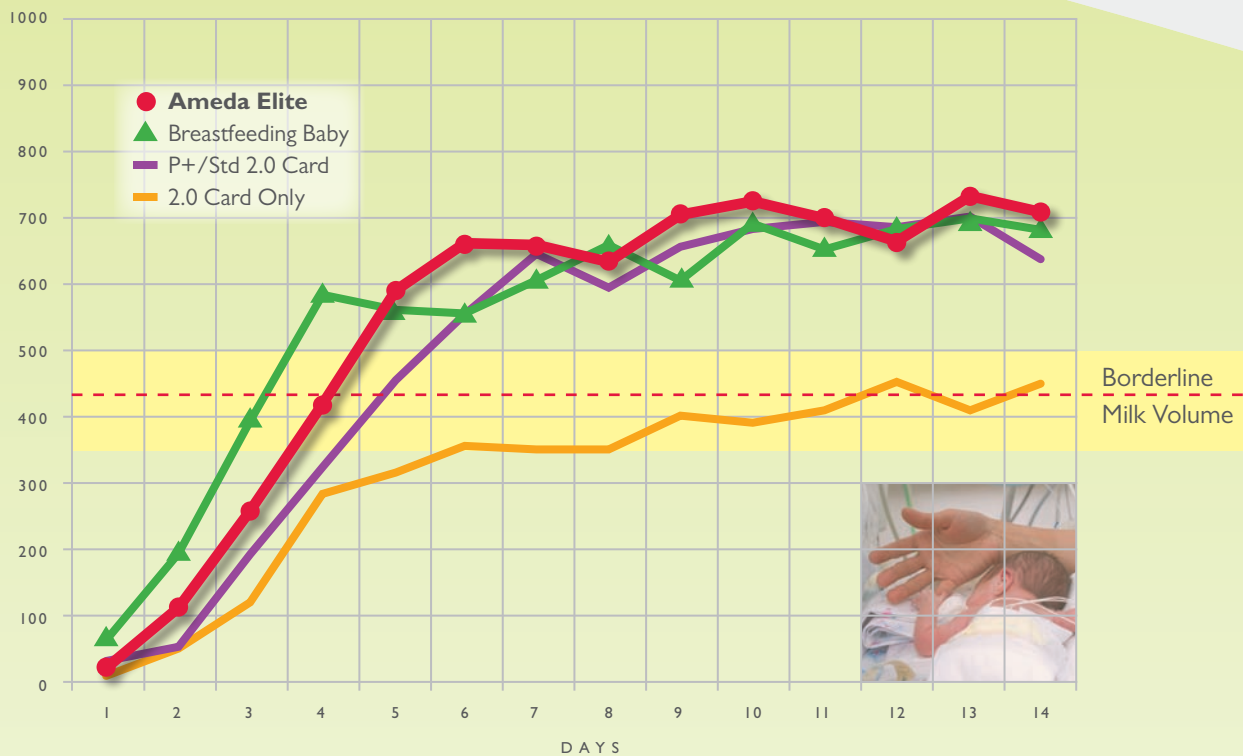
Achieving the minimal milk volumes needed at hospital discharge?

IDEAL

Establishing full milk production for long-term, exclusive breastfeeding?

When the focus is on the *ideal*, think **Ameda Elite™**, which NICU research has found outperforms breastfeeding milk yields **and** other hospital-grade breast pumps.

MEAN DAILY MILK OUTPUT (in mL)



Charted Pumped Milk Volumes for Medela Symphony® obtained 6/18/09 from: <http://www.medelabreastfeedingus.com/premie-plus-research-study> | Rosen, L. Ameda 2001, No. 906197 | Neville, 1988

With the Ameda Elite, milk output exceeds that of breastfeeding mothers by Day 5 and continues to surpass breastfeeding during the critical first 14 days postpartum. Milk output from other pumps either lags behind in the borderline range or barely keeps pace with breastfeeding.

Why limit the goal to milk volumes needed at discharge when more milk production during the first 14 days makes long-term exclusive breastfeeding an option for more mothers and babies?

WHY THE ELITE OUTPERFORMS

Every mother and baby is unique, which is why the Elite is designed to be more adjustable than other pumps.



GREATER VACUUM ADJUSTABILITY.

Research has found the closer mothers get to their highest comfortable vacuum, the greater their milk output (*Kent 2008*). However, single-dial pre-programmed pumps jump 10 to 15 mmHg with each dial turn. In contrast, the Ameda Elite, changes only 1 to 5 mmHg with each dial turn, getting each mother closer to her ideal vacuum level for better milk flow.

EXPRESSES MILK AT ALL

CYCLE SETTINGS. Research has found that at 120 cycles per minute (cpm)—pre-programmed pumps' "let-down" phase—86% of mothers express no milk at all (*Ramsay 2006*). For as long as a mother pumps at this cycle setting, she is essentially wasting valuable time. Also, if she forgets to press the "let-down" button when milk ejection occurs, her milk output is reduced.

In comparison, all of the Elite's cycle settings express milk. In fact, mothers even express measurable amounts of milk (an average of 10mL) before milk ejection (*Ramsay 2005*).

MORE VACUUM/CYCLE

COMBINATIONS. According to research, mothers respond differently to different pumping patterns (*Kent 2003*). Even so, single-dial pre-programmed hospital pumps provide only 32 vacuum and cycle combinations in total, with only 16 combinations in their "expression" phase. When a mother turns the vacuum up, the cycles automatically go down. When she turns the vacuum down, the cycles go up.

What if a mother's best milk flow is at high vacuum and fast cycles? Or low vacuum and slow cycles? The Elite can meet the needs of mothers at virtually any setting combination. The Elite's dual adjustability—or CustomControl™—doesn't make decisions for mothers. It offers thousands of possible combinations, for the best results every time.

NO CONFUSING REPROGRAMMING.

Some pumps depend on a NICU mother to remember to reprogram her pump at every pumping during a time she is under the most stress, the first days of her baby's life. If she forgets, her milk output is reduced. Not so with the Elite. All a mother needs to remember is to set her pump at the highest comfortable vacuum.

NO TUBING INSPECTION OR CARE.


The Ameda HygjeniKit® Milk Collection System is used with the Elite and contains a solid barrier that prevents air exchange between pump tubing and breast flange. Unlike other milk collection systems, it prevents milk or moisture from entering hard-to-clean tubing. This eliminates the need to inspect, dry, clean, or replace tubing, simplifying pump care and reducing the risk of infection in compromised babies (*Jones and Tully 2006*).

CUSTOMIZE WITHOUT COMPLICATING

With the Ameda Elite, pumping is less complicated—yet another reason the Elite outperforms other hospital grade pumps. When mothers use the Elite, its time-saving features help simplify the clinician's role. These specially designed features equate to a reduced need for valuable staff time throughout the hospital stay. With less to learn and remember, your new mothers can focus less on the potential challenges of pumping and be free to focus on what matters to her most—her baby.

AMEDA ELITE:

LESS TO TEACH, LESS TO GO WRONG

	Ameda Elite	Other Hospital Pumps
Vacuum settings GOAL: Set to highest comfortable setting or milk output reduced <i>(Kent 2008)</i>	Vacuum adjustable to 1-5 mmHg getting mothers closer to their highest comfortable vacuum	Vacuum jumps 10-15 mmHg with every dial turn, preventing some mothers from reaching their highest comfortable vacuum, which may reduce milk output
Cycle settings	All cycle settings (30-60 cpm) effectively express milk Mothers express on average 10 mL of milk even before milk ejection <i>(Ramsay 2005)</i>	At 120 cpm (“let-down” phase), 86% of mothers express no milk <i>(Ramsay 2006)</i> If a mother forgets to press the “let-down” button at milk ejection, milk output may be reduced
Vacuum/cycle combinations	Thousands of possible combinations of vacuum/cycles Just tell mothers to “follow their flow” as they adjust the dials	“Expression” phase limited to just 16 vacuum/cycle combinations, which may reduce milk output in some mothers
Pump programming	No reprogramming needed—just turn on and pump	If a NICU mother forgets to reprogram pump in the first few days, milk output may be reduced
Tubing care	No routine tubing care needed because the Ameda HygieniKit has a solid barrier at breast flange preventing air flow between flange and tubing	If a mother forgets to inspect her tubing after each use there is increased risk of infection in compromised NICU babies <i>(Jones and Tully 2006)</i>

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Charted pump milk volumes for Medela Symphony® obtained 6/18/09 from <http://www.medelabreastfeedingus.com/preemie-plus-researchstudy>.





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