



What do you need to know?

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Congratulations on your precious baby!

You will be experiencing lots of new things and have quite a few questions, certainly about breastfeeding as well.

Breastfeeding is completely natural, but it is still a process that needs to be learned – by mum and baby. We here at Ardo would like to help you with this process.

Our guide has information about breastfeeding, practical tips when starting breastfeeding, and troubleshooting any problems as well as lots of useful information about expressing.

You can find all this information at www.ardomedical.com as well.

Your Ardo team

This guide was developed in close collaboration with the Women's Clinic of the Lucerne Cantonal Hospital.

 **luzerner kantonsspital**
NEUE FRAUENKLINIK LUZERN

Before the birth

Breastfeeding – the best start in life

Breast milk is healthy, practical, always available, always at the right temperature, easily digested, and costs nothing. Breastfeeding is also good for the environment because it generates no waste.

Breastfeeding has lots of benefits – for baby and mum

Breastfeeding reduces the risk of babies getting middle ear infections, infections of the airways or gut, or diabetes. If a baby is breastfed exclusively in the first 6 months, the risk of getting allergies can be reduced by up to 50%. Breastfed babies also have a lower risk of becoming overweight or developing heart or vein problems such as high blood pressure and they also are less likely to get diabetes.

Breastfeeding hormones encourage the uterus to shrink back to its normal size, which protects against blood loss and lowers the risk of a uterine infection after the birth. Studies have also shown that breastfeeding lowers the frequency of breast, uterine and ovarian cancer, and reduces the risk of heart attacks.

Breast milk – a super food

Breast milk contains many antibodies and other important ingredients to protect your baby from diseases. In the first few days of life, your breast milk contains large numbers of antibodies that line your baby's gut and protect it from infections, stabilise blood sugar, and much more. This first milk is called colostrum and is a yellow, thick, and easily digested milk.

Sometimes pregnant women who have gestational diabetes are recommended to hand express their colostrum in the few weeks before their due date (from week 37), freeze it, and then to take it with them to the hospital. This helps to stabilise the baby's blood sugar after the birth.

As your baby grows, your breast milk adapts to the changing needs of your baby by constantly adjusting its composition depending on the age of your baby, the time of day, and the specific meal. It even changes during a breast feed: At the start, the milk is rather watery and quenches your baby's thirst. Then the colour changes from white to cream as the amount of fat it contains increases to satisfy your baby's hunger.

Breast milk contains all the carbohydrates, fats, proteins, vitamins, minerals, and trace elements that your baby needs for optimal growth. It also meets all hygienic requirements.



How you can prepare for breastfeeding

Your breasts change throughout your pregnancy. They become larger, heavier, and often also more sensitive. The glandular tissue that later produces breast milk starts to grow. The areola becomes larger and darker, which makes it easier for your baby to find the nipple after birth.

The size of your breasts does not give any indication of your ability to breastfeed, however. Even women with small breasts can breastfeed successfully.

You do not need to do anything to prepare your breasts or nipples for breastfeeding. What is important is to attach your baby properly to the breast after the birth and to know that your breasts make breast milk based on the supply and demand (the more often the baby is placed at the breast, the more milk you make).

But it can be helpful to check the shape of your nipples. Gently press the breast near the nipples together. If your nipples do not protrude (inverted nipples) or remain flat (flat nipples), it may be difficult for your baby to latch onto the nipple. If you are uncertain, speak to a breastfeeding and lactation consultant or midwife.



So that your baby can easily latch onto your breast, the nipples should protrude.

After the birth

The first hours count

After the birth, your baby will be placed on your bare chest, or you can bring her to the breast yourself. Wait a little and trust the process: Most babies look for and find the breast without any help. Even if your baby was born by Caesarean section, in many hospitals your baby may be placed on your upper body straight after so that it can be lovingly welcomed to the world.

Attaching your baby to the breast within the first few hours of birth is very important for the breastfeeding relationship. It stimulates the natural rooting and sucking reflexes of the baby, which encourages your breasts to produce more milk

more quickly, creating a solid foundation for breastfeeding in the long term.

The first encounter is an important time for you and your baby. You develop a close bond with one another. Take your time and enjoy the first unforgettable hours as new parents.

If it is not possible to bond with your baby (if your baby is premature, for example), you can always make up for this initial phase later. Lay your baby directly on your bare chest for a few hours. Your partner can also enjoy this natural and close contact.



Kangaroo care – natural and close contact, also for premature babies.



How your breast milk forms

Your breasts start to form colostrum from week 20 of your pregnancy. As soon as your baby sucks at the breast, your breasts start to make the first breast milk. Some days after the birth, your milk will come in, which is the transition from colostrum to mature breast milk. The breasts become larger and heavier. Sometimes they feel hard and painful.

What you can do to prevent hard breasts:



- Breastfeed in the few hours after the birth
- Gently massage your breasts before you breastfeed
- Breastfeed often and regularly

What you can do if your breasts are painful:

- Breastfeed often and regularly
- Empty your breast with a breastpump
- Hand express a little milk from your breast before breastfeeding to ease the fullness
- Briefly expressing before breastfeeding can help to make your areola soft and stretchy. This helps your baby to latch onto the breast and empty it.
- Place a cold cloth on your breast after breastfeeding

- If your areola is very swollen, gently press the area around the nipple in towards your ribcage using the tips of your fingers.



There are two breastfeeding hormones that are responsible for making breast milk: prolactin, which stimulates the milk glands to make breast milk, and the 'let-down hormone' oxytocin, which helps to get the milk flowing.

Anxiety and stress can block the let-down reflex. Try to keep calm and trust yourself and your baby. Relaxation, warmth, and lots of skin contact help to get the milk flowing.

The baby sucks at the start of a breastfeeding session with rapid sucking movements and low suction strength. This triggers the milk let-down reflex and the more nutritious milk starts to flow.

This is how you recognise the let-down reflex:

- Milk will start to flow from your other breast.
- You will feel a tingling, warm sensation or slight prickling in your breasts.
- Your baby will start to suck slower and more powerfully. You will be able to hear your baby making regular swallowing sounds.

What is important in the first few days

You and your baby will get to know one another better and together you will practise breastfeeding. It is best if you are together day and night with your baby. This is the easiest way to get to know her and you can observe her hunger signs and attach your baby before she starts crying.

Your breasts make just as much milk as your baby needs. Always breastfeed your baby when she is hungry. It is normal for your baby to want to be fed 8 to 12 times a day in the first few days and weeks. She will also drink and be awake at night. The breastfeeding rhythm keeps changing as your baby develops. There are times when your baby demands the breast more often, which naturally increases how much breast milk you make. This phenomenon is called cluster feeding. After a few days, your breasts will adjust to the increased demand.

A feed can last from just a few minutes to up to 20 minutes on each side. If your baby has had enough after one breast, start the next feed with the other breast. When babies are 2 to 4 months old, they suck more efficiently, and the individual feeds become shorter.

Baby's hunger signs:

- She licks her lips
- She smacks her lips
- She looks for your breast
- She sucks on her fingers/hand
- She sticks her tongue out
- She fusses or makes other sounds
- She cries (a late sign)





Attaching and releasing your baby

You can place your baby in different positions for a feed. You can let your baby find the breast herself (intuitive breastfeeding) or you can actively help her to latch on.

Intuitive breastfeeding / laid-back position

Your baby lies directly on your bare chest. If she's hungry, she will automatically search for the breast and latch on by herself after a few attempts. The position of your baby can vary. She can lie lengthwise, crosswise, or diagonally.



Actively latching baby on

Holding the breast

You can actively help your baby to latch on. Hold your breast with your free hand so that four fingers are underneath supporting it well. Place your thumb above the areola.



If the breast is very full and your baby is finding it hard to fit enough breast tissue into her mouth, it may be helpful to push the skin forwards slightly. This makes the areola more elastic and helps your baby to latch on more easily.



Latching your baby on



Position your baby so that your nipple is pointing towards her nose. Her head is tipped back slightly. Her chin and lower lip are touching your breast.



Your nipple touches her upper lip. This makes the baby open her mouth wide.





When her mouth is wide open, bring the baby quickly but gently to your breast. The nipple and most of the areola should be in your baby's mouth. Her upper and lower lips are pushed out and her chin and the tip of her nose touch your breast.

You can help your baby hold more breast tissue in her mouth by gently pushing your breast into her mouth with your thumb.

Your baby is well positioned if throughout the entire breastfeeding session:



- Your baby's ear, shoulder, and hip are in line and she faces you.
- Your baby's mouth is level with your nipple.
- The tip of her nose and chin touch your breast throughout the feed.
- The baby's upper and lower lips are pushed out.
- Your arm is supported and your shoulders are relaxed

If you feel intense pain at the start of the feed, it means your baby is not in the ideal position. Release her from the breast and start again.

Gently releasing baby from the breast

Break the vacuum before you remove your baby from the breast. You can do this by gently pushing one finger in between the breast and the corner of your baby's mouth. If the baby has had enough, she will usually release the breast of her own accord.



Breastfeeding positions

Find a position that is relaxed and comfortable for you. A nursing pillow on your lap can be helpful at the start. To relieve your nipples and to ensure that your breasts empty evenly, we recommend that you change your breastfeeding position over the course of the day.

Classic cradle hold

Your baby lies on her side supported by your arm so that her whole body faces towards you. Your hand supports her bottom. A simple breastfeeding position for when you're at home and also when you're out and about.





Breastfeeding lying down



You and your baby lie on one side close together so that your bellies are touching. This breastfeeding position is good at night, if you are recovering from a birth-related injury, or if you want to rest while you feed during the day.

Cross cradle hold



In this position your baby also lies on her side supported by your arm and her whole body faces towards you. Your forearm supports your baby and her head rests in your hand.

Football hold



Your baby's back rests on your forearm, your hand supports her head and her legs are stretched out towards your back. A nursing pillow supports your arm.

In this position you can gently guide your baby's head directly to your breast and you can easily assess your baby's sucking. This is an ideal position for breastfeeding twins, premature babies, after a Caesarean section, with restless or ill babies, and if you have engorgement near your armpit.

A guide to breast massage

Be gentle with your breasts and avoid rubbing the skin when massaging. A breast massage must never be painful. Please wash your hands thoroughly before doing breast massage.

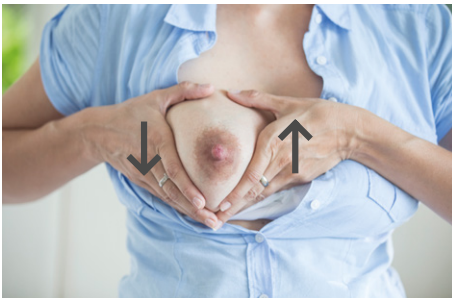
Plata Rueda massage

This massage is good for a short massage before breastfeeding or expressing.

Cup the top and bottom of your breast between flat hands and move the breast tissue horizontally back and forth.



Repeat this process by vertically cupping both sides of your breast and massaging the tissue with up and down movements.



Marmet massage

The Marmet breast massage method will positively affect the flow of your milk, encourages milk production, particularly before expressing, and relieves the symptoms of engorgement.



Support your breast with one hand. Place three or four fingers of your other hand on your breast and massage the underlying breast tissue with circular movements. Move your fingers two or three centimetres and repeat the process until you have massaged your whole breast.



Expressing breast milk by hand



1. Massage your breast using the Marmet method.
2. Gently stroke from the edge of your breast to the nipple using your fingers. This helps your milk to flow.



3. Place your thumb and finger parallel to each other behind the nipple.
4. Now gently push your thumb and finger towards your ribcage.



5. Push your thumb and finger forward towards the nipple using gentle pressure – without rubbing the skin.
6. By rhythmically repeating steps three and four, you can empty your breast.

Breastfeeding problems

Not enough milk

New mothers are often worried about whether they can make enough breast milk. If your baby is healthy, growing well, and gaining weight, everything is okay. Your breasts produce milk based on supply and demand and if you breastfeed your baby on demand, you will naturally make the right amount of breast milk.

Signs that your baby is getting enough breast milk:

- Weight gain per week:
 - 0 to 2 months: about 170 to 330 grams
 - 2 to 4 months: about 110 to 220 gramsThe baby regains her birth weight by 10 days after the birth.
- After a feed your baby is satisfied and relaxed, her mouth is moist, and your breasts feel softer.
- Your baby has five to six wet nappies a day and she does a bowel movement in at least three of these in the first four to six weeks.
- While you are breastfeeding, you can hear your baby make regular swallowing sounds.

It is not necessary to give your baby additional infant formula (which would also mean that you would make less milk because your baby would be demanding less).

However, your baby sometimes may not be satisfied because she is having a growth spurt. This often happens when your baby is 8 to 10 days, 5–6 weeks,

and 3 to 4 months old. The baby then demands the breast more often, which naturally ramps up milk production. After a few days, your breastfeeding rhythm will have normalised again.

Tips to increase your milk volume:



- **Put your baby to the breast often:**
After 48 hours of putting your baby to the breast more often, your milk production has usually adjusted to the increased demand.
- **Change sides often:**
Let your baby drink from both sides at every meal. To empty both breasts as much as possible, change between sides several times during a feed (ping pong breastfeeding).
- **Long periods of skin contact:**
Stimulates the release of the hormones prolactin and oxytocin, which encourages the production of milk.
- **Self-care:**
Make sure you eat a balanced and adequate diet, drink plenty, and get lots of rest.
- **Express after breastfeeding:**
For complete emptying of the breast, which then makes more milk.
- **Breast massage:**
Before and during expressing
- **Power Pumping:**
Frequent expressing over an hour

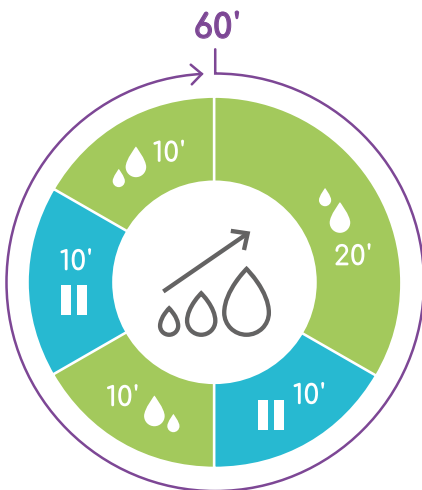


Power Pumping

Power pumping imitates the natural cluster feeding of a baby (frequent feeds with short pauses).

Ardo Alyssa is the world's first breast-pump with an automatic power pumping program. The program is a predefined one-hour interval pumping program made up of:

- Pump for 20 minutes
- Rest for 10 minutes
- Pump for 10 minutes
- Rest for 10 minutes
- Pump for 10 minutes



The short breaks between the expressing sessions and each new stimulation increases the prolactin level (the hormone responsible for producing milk) and this encourages milk production.

Before expressing again, we recommend giving yourself a short breast massage.

If you are unsure if you should use a Power Pumping session once or several times a day, speak to your midwife or lactation consultant. They can tell you which rhythm is best for your situation.



Some mothers can very quickly increase their milk volume using Power Pumping. For others, it can take up to two weeks before they notice a change. What is important is that you find the right way for yourself and don't put pressure on yourself.

Engorgement and breast inflammation

Throughout the breastfeeding period, but especially in your first weeks at home, your breasts can become hard and painful after feeding. You feel as if you have the flu (tired, aching limbs, a headache). These symptoms suggest engorgement.

What can help:



1. Place a warm, wet cloth on your breast for about 10 minutes before breastfeeding so that the milk flows better.
2. Position your baby for a feed so that her chin points towards the lump.
3. Gently massage the lumps while you breastfeed.
4. If the breast still feels hard after breastfeeding, express using a gentle breastpump (e.g. Ardo Alyssa Double) while massaging any lumps.
5. Cool your breast down after breastfeeding / expressing for about 20 minutes using a cold cloth.
6. Make sure you get enough rest. The best thing to do is to go to bed with your baby and drink lots of fluids.

If the symptoms don't disappear within a few hours or if you develop a fever, contact a specialist because there is a risk of breast inflammation. It is no longer considered necessary to wean your baby if you have breast inflammation or take antibiotics.

Sore nipples

It is normal for your nipples to be tender for the first three to four days after the birth.

If the symptoms persist or if your nipples are painful, sore, cracked, encrusted, or even bleeding, this is usually because the baby is not latching on properly.

Sore nipples are intensely painful. You should therefore speak to a breastfeeding specialist as soon as possible.

What can help:



- Try to work out what is going wrong, for example, make sure your baby is latching on properly.
- Put the baby to the less painful breast first.
- Giving frequent short feeds is easier on you than taking long breaks.
- Breastfeed in different positions.
- To help with natural regeneration, apply breast compresses, e.g. Ardo Care Compresses.
- Apply a nipple cream, e.g. Ardo Care Lanolin or the vegan alternative Ardo Care Balm.
- Low-level laser therapy, e.g. with Solardo
- Take a break from breastfeeding and gently express. Start with an initial vacuum that you can hardly feel and a low starting cycle, then carefully adjust the settings based on how you feel.



A weak, sleepy baby

Some babies are too weak to be able to drink effectively and fall asleep during feeds. It's important for these babies to get lots of breast milk without using a lot of energy. It can be helpful when breastfeeding to pump from the other breast at the same time to make the milk flow better. Alternatively, feed your baby in the laid-back position with plenty of skin contact. It is often helpful to drip some expressed breast milk into the corner of the baby's mouth with a syringe to encourage her to drink.

You can help your baby to actively suck:

- Start feeding the baby using a football hold. Support her back well. Make sure that the soles of your baby's feet can touch a surface and she can hold something with her hands, e.g. your finger.
- Support your breast throughout the feed.
- At the beginning, and as soon as her swallowing noises slow down, carry out breast compression. This involves holding your breast close to your chest and compressing it gently and painlessly with your forefinger and thumb so that more milk flows.

Nipple confusion

Sucking at the breast is fundamentally different from sucking from an artificial teat and this difference can lead to confused sucking behaviour in some babies. After sucking on a bottle's teat or a dummy, babies can no longer suck from the breast or cannot suck as effectively, which has a negative effect on the supply and demand regulation.

It is therefore helpful to avoid using a dummy or bottles for the first four to six weeks when milk production is building up.



If you have any questions or need support, speak to a lactation consultant, a midwife, or another specialist you trust.

Expressing

Feel good about expressing

The thought of using a breastpump may be strange at first. You will soon find out that a breastpump can be really helpful in many situations and be an excellent support for your breastfeeding. Reasons why mothers express their milk:

- To feed premature babies
- To stimulate milk production
- With engorgement, breast inflammation, or sore nipples
- With flat and inverted nipples
- To build up a supply for more flexibility in everyday life and when working

When you use a pump, the milk does not always flow straight away. Feelings such as fear and pain can block the let-down reflex. You can encourage the flow of milk in the following ways:

- Choose a comfortable position for pumping
- Relax and think about your baby; look at a photo of your baby
- Pump where you can see or are close to your baby
- Listen to calming music
- Carry out a short breast massage (Plata Rueda) before each pumping session
- Place a warm cloth on your breast before pumping
- Warm the funnel of the breast shell before putting it in place





How to express

Expressing should never be painful.



1. Wash your hands thoroughly
2. Prepare your breastpump and the pumpset
3. Find a quiet place, put something to drink within reach and make yourself comfortable.
4. Massage your breast (Plata Rueda method)



5. Centre the breast shell and hold the pumpset on the breast shell while pumping. The breast shell must make a tight seal but do not put a lot of pressure on the breast.

6. Turn on the breastpump and adjust the suction strength (vacuum) and the suction speed (cycle). The settings must be comfortable for you.



7. Massage your breast while pumping.
8. Alternate pumping from the right and left breast. You can take a short break in between, have a drink, and briefly massage the breast.
9. Turn off the breastpump, remove the pumpset, and clean it as described in the instructions for use.

A high suction strength does not necessarily lead to more milk and can cause sore nipples

Expressing straight after birth

If you are separated from your baby or breastfeeding after the birth is not working, then you should express in the first six hours after the birth or as soon as you can.

In the first 12 or 24 hours, you can also get the colostrum by hand before pumping. You can give your baby this 'liquid gold' with a spoon or syringe.

Don't be put off if you can only pump a few drops of milk during the first few days after the birth. Pumping during this phase is used mostly to stimulate the breast so that it gets the message and produces milk.

Use the pump eight times in 24 hours if you can. Give yourself a break of 5 to 6 hours overnight, unless you are making too much milk, in which case there is a risk of engorgement.

It is more effective to pump more frequently than to express for a longer period each time.

Choosing the right breast shell size

Choosing the right size breast shell is important for successful expressing.



The breast shell is the right size when ...

- The milk flows and the breast feels soft all over after the expressing.
- No tissue from the areola is drawn into the funnel (only the nipple is inside the funnel).
- The nipple can track the rhythmical movements of the pump and there is about 2 mm space between the funnel and the nipple.

For some mothers, however, it can be helpful if the nipple touches the wall of the funnel. If this is the case, rub lanolin, e.g. Ardo Care Lanolin, on the funnel beforehand. Work out which option helps you to express more milk without causing your nipples to hurt.

Measure the diameter of the nipple from the edge of the areola to the nipple using a ruler. Ardo supplies breast shells and breast shell inserts in the following sizes: 18 mm, 22 mm, 26 mm, 28 mm, 31 mm, 36 mm.



What is the right breastpump?

The main difference is between manual and electric breastpumps. An electric breastpump is a good idea if you'll be expressing milk often. If you are only going to use it occasionally, a manual pump is usually enough. The hospital-grade breastpump Ardo Carum can be hired from the hospital, pharmacies, or lactation specialists. If you need a breastpump for longer, it is better to buy a compact, electric breastpump such as the Ardo Alyssa Double.



ardo alyssa double
Electric double breastpump



ardo calypso double plus
Electric double breastpump



ardo amoryll start
Manual breastpump



ardo carum
Breastpump for hospitals and hire

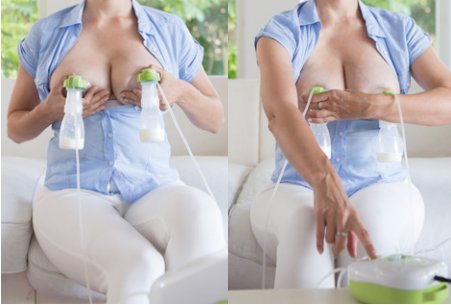
Important criteria when choosing a breastpump:

- **Efficiency:** How much time and effort would you like to invest in expressing?
- **Application:** Is it easy to operate?
- **Flexibility:** Is the pump compact? Does it have a built-in rechargeable battery?
- **Safety:** Is it as safe and hygienic as possible with a closed pump system such as the 'Vacuum Seal' technology?
- **Settings:** Can you set the vacuum (suction level) and cycle (number of cycles) of the electric breastpump separately (in stimulation and expression mode)?
- **Special features:** Are there other functions that would be useful? These include a program to increase your milk supply, the option to save your expressing sequence, or connection to an app.

Expressing from both breasts at the same time

In principle, the procedure for double pumping is the same as expressing with just one pumpset.

To adjust the settings, hold a pumpset with your forearm.



There is also the option of fixing the pumpset with a pumping bra which leaves both hands free.



Hands-on pumping

This method enables you to increase both the amount of milk and its fat content.



Use a double pumpset and massage your breasts at the same time. Keep doing this until only a small amount of milk is still flowing.



Then empty the breast by hand into a breast shell or pump from each breast separately while massaging the breast at the same time.



How do I store breast milk correctly?

The more hygienic the pumping process, the longer breast milk can be stored. You can use milk bags to store breast milk. If possible, each portion (60 to 120 ml) should be expressed individually, cooled in the fridge, and then frozen immediately.



Stacked to save space in, e.g., the Ardo Easy Store milk bags

If you pump several times in 24 hours, you can add the freshly pumped breast milk to the milk that has cooled. If the milk has already been frozen, cool the freshly pumped milk for half an hour in the fridge first and then add it to the frozen milk.

Thawing and heating breast milk

Thaw the breast milk in the fridge or at room temperature. Then warm the milk to about 37°C by sitting it in warm water or holding it under running warm water. Do not heat breast milk in a microwave.

The breast milk may separate into watery and fatty parts when thawed. Shake the milk gently to combine the two parts again. Slight colour changes do not need to worry you either. The milk is not bad and can still be used. Use thawed breast milk within 24 hours and never warm it up twice.



Breast milk can be stored as follows*:

Storage location	Temperature	Maximum recommended storage time
Room temperature	16°C-29°C (60°F-85°F)	4 hours optimal 6-8 hours acceptable under very clean conditions
Refrigerator	about 4°C (39.2°F)	4 days optimal 5-8 days under very clean conditions
Freezer	< -17°C (1.4°F)	6 months optimal 12 months acceptable

* ABM Clinical Protocol No. 8: Storage of breast milk – Information for home use with full-term, healthy infants, Academy of BF Medicine, 2017

Breastfeeding and working

Returning to work after your maternity leave does not mean that you have to stop breastfeeding. With some good organisation and planning, you can continue to feed your baby with your precious breast milk.

In some countries you may breastfeed or express milk during work hours. Organise this with your employer beforehand. Depending on the country, breastfeeding and expressing breaks are also considered work time. Find out about your rights.

If you breastfeed, try expressing milk for a few weeks before you go back to work to build up a supply and to get you and your baby used to the new way of feeding.

The Ardo Alyssa Double breastpump is a reliable help to make this change. It is compact, can be easily charged through a USB cable and the rechargeable battery holds enough charge for up to eight pumping sessions. The pump can also be comfortably operated with the app. Ideal for expressing at work.



Where do I find support?

You can find more information about breastfeeding and expressing at ardomedical.com/blog



www.elacto.eu

ELACTA European Lactation Consultants Alliance

www.ilca.org

ILCA International Lactation Consultant Association

www.llli.org

La Leche League International

In the following brochure, the female form is exclusively used for reasons of better readability. It refers to persons of either gender.

3rd edition 2008/2016/2023

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Discover the world of Ardo



ardo alyssa double
Electric double breastpump



ardo calypso double plus
Electric double breastpump



ardo calypso-to-go
Electric double breastpump



ardo carum
Breastpump for hospitals and hire



ardo amaryll start
Manual breastpump



ardo easy clean
Bags for steam cleaning



ardo easy store
Breast milk storage bags



ardo care lanolin
Lanolin nipple cream



ardo care compresses
Breast compresses



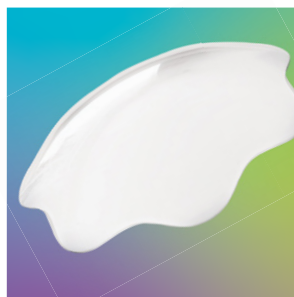
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ardo tulips
Nipple shields



ardo day & night pads
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ardo lily padz
Reusable silicone breast pads



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miracle



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