THE USE OF NIPPLE SHIELDS

SCOPE:
All midwives and nurses working in the maternity unit

AUTHOR:
NNU Quality Coordinator

PURPOSE:
To avoid the inappropriate use of nipple shields by breastfeeding mothers staying in the maternity unit.

DEFINITIONS:
A nipple shield is a flexible silicone nipple and surrounding flange that can be worn over the mother’s nipple during breastfeeding.

GUIDELINE:
It is seldom necessary to use a nipple shield in the first week unless there is an obvious problem with the baby’s ability to breastfeed. It is a short term tool to help solve specific latching difficulties and is not a substitute for experienced breastfeeding assistance.

Reasons for latching difficulties requiring a shield may include:
• A small, ill or premature baby.
• A mother with flat or inverted nipples.
• A baby who has been fed with a bottle and now refuses the breast.

Disadvantages of nipple shields include:
• Baby will get less milk if the shield is used incorrectly.
• Mother is more at risk of mastitis and blocked ducts as the milk transfer rate is lower.
• Decreased milk supply due to lower milk transfer rate.
• It can be difficult to wean a baby back to direct breastfeeding.

A baby who is having difficulty breastfeeding will benefit from spending extended amounts of time in close skin-to-skin contact with his mother. This closeness stimulates the baby’s instinctive feeding behaviours.
The staff member who is caring for a mother and baby having breastfeeding difficulties needs to be aware of the details of the woman’s birth and any medication given during labour. Babies exposed to narcotics during labour can have a significantly impaired ability to breastfeed effectively but this does not mean that these babies require the use of a nipple shield. A baby exposed to narcotics who will not latch is better being cup or spoon fed expressed colostrum than being offered a nipple shield. Increased time spent skin-to-skin is beneficial to these babies.

A mother with flat or inverted nipples should be shown how to breastfeed and enabled to breastfeed in the first half hour as would anyone else. It must not be assumed that she and her baby will have problems as babies 'breast' feed and do not 'nipple' feed.

**When it may be appropriate to use a nipple shield:**

1. Nipple shields should only be used after all usual assistance to latch the baby has been tried and been unsuccessful. Cup or spoon feeding expressed colostrum is the most appropriate way to feed the baby initially. Hand expressing is more successful and appropriate than a breast pump in the first few days after birth.
2. If the baby shows no sign of latching to the breast, a nipple shield may be helpful as it provides sensation deep in the baby’s mouth that stimulates the baby to keep sucking. Once the baby has discovered that sucking provides food and the mother’s nipple is further shaped and extended with feeding, **the baby can be weaned off the nipple shield.**
3. When caring for a mother and baby with obvious latching problems a nipple shield may be the assistance that enables a mother and baby to continue breastfeeding.
4. Although nipple shields should only be used after other options have been tried, it is better to have a baby on the breast with a shield than not on the breast at all.
5. When using a nipple shield correct latch is still important. The baby’s jaw must close on the breast and not the shaft of the nipple shield. Sucking on the nipple pinches off the milk flow and reduces milk transfer. This in turn fails to stimulate the milk production and baby will not get enough milk.
6. Only use a nipple shield in consultation with the woman’s LMC and preferably with the help and advice of a lactation consultant.

Nipple shields should be available in a range of sizes and styles in the medical store room in ward 1. Anyone giving a woman a nipple shield should document the reason why in the register for nipple shields stored with the shields in order to audit frequency and reasons for usage.

If a woman is using a nipple shield it is important to express after feeds to stimulate milk production as the shield reduces milk transfer and stimulation.

**Cleaning and Sterilising:**

Nipple shields should be sterilised in the same way as any other breastfeeding equipment.

The mother will be given her own container of sterilising solution to use during the duration of use of the shield in the Maternity Unit.
ASSOCIATED DOCUMENTS:
- Hauora Tairawhiti Organisational Breastfeeding policy

REFERENCES:

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