

NEWBORN FEEDING

BREAST FEEDING AIDS

USE OF NIPPLE SHIELDS

AIM:

To enable effective attachment of the infant to the breast.

KEY POINTS

1. Nipple shields should not be used until secretory activation 1 has occurred.
2. Until recent times it was believed that nipple shields contributed to a reduction in milk transfer and possibly a reduction in supply - especially if introduced before lactation was fully established. Recent research however has shown that the use of silicone nipple shields for preterm or babies who are unable to maintain attachment, can greatly increase milk transfer and duration of breastfeeding.¹⁻³
3. Not all women will benefit from the use of nipple shields. These guidelines are intended to assist midwifery staff in identifying those mothers who will benefit from their use.
4. A nipple shield should only be introduced by a Lactation Consultant (LC) or experienced midwife, following an assessment of the breastfeeding difficulty.

INDICATIONS FOR USE

- Infants who constantly slip on and off the nipple.
- Flat or inverted nipples when attachment without a shield cannot be achieved.

PROCEDURE

1. Ensure secretory activation has occurred for the mother².
2. Choose appropriate size shield of thin silicone For the majority of babies this will be a large size (24mm)
3. To fit shield, turn the shield almost inside out and apply centrally over nipple, then roll the shield over the nipple and areola. This should cause a vacuum, drawing the nipple into the shield.
4. Ensure optimal positioning and attachment
5. Check the baby's latch with the shield. The mouth must not close on just the tip of the shield, but must be deeply latched to include breast tissue
6. Experienced midwife to observe the breastfeed to assess effective milk transfer.
7. Teach the mother how to assess her breasts before and after feeds to ensure the baby has fed effectively and she had adequately drained her breasts.



8. If the breasts are still heavy and/or lumpy after feeds, drainage with a hospital grade expressing breast pump will be necessary.
9. Weigh the baby after using a shield for 24 hours and assess infant output.
 - If the baby is not thriving give extra expressed breast milk (EBM)
 - If the mother has an oversupply, see [Clinical Guideline Oversupply](#)
10. After each use shield should be:
 - washed in hot soapy water and
 - rinsed and kept in the mother’s possession.
11. Document reason for and effectiveness of use in baby’s notes (MR 420). Initially review feeding and milk transfer daily.

DISCHARGE PLANNING

The use of a nipple shield indicates there is a breastfeeding challenge and appropriate follow up is essential

1. If shield is used at discharge ensure follow-up is arranged at Breastfeeding Centre.
2. Follow up by VMS until Breastfeeding Centre appointment.
3. Hire electric breast pump to drain breast thoroughly after feeds if a nipplesield is introduced within 24 hours of discharge.

REFERENCES (STANDARDS)

1. Pang, W., Hartmann, P. E. Initiation of Human Lactation: Secretary Differentiation and Secretary Activation. Journal of Mammary Gland Biology and Neoplasia 12:211-221 2007.
2. Chow,S et al. The use of nipple shields: a review. Frontiers in Public Health 2015
3. Walker M. **Breastfeeding Management for the Clinician - using the evidence. 3rd edition** Jones and Bartlett; 2014.
4. 3. Wilson - Clay B. **The Breastfeeding Atlas.** 5th ed; Lact. Press. Texas 2013.

National Standards – 1 Clinical care is Guided by Current Best Practice
Legislation – Nil

Related Policies / Guidelines – [KEMH Newborn Feeding](#)

Other related documents – Nil

RESPONSIBILITY

Policy Sponsor	Nursing and Midwifery Director OGCCU
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