



CLINICAL PRACTICE GUIDELINE

Breastfeeding aids: Nipple shield

This document should be read in conjunction with this [Disclaimer](#)

Aim

- To enable effective attachment of the baby to the breast

Key points

1. **Nipple shields should not be introduced until secretory activation has occurred.**
2. Research has shown that the use of silicone nipple shields for preterm babies or babies who are unable to maintain attachment, can greatly increase vacuum, milk transfer and duration of breastfeeding.
3. Beware that some babies can use the nipple shield ineffectively spending long periods of time at the breast without significant intake.
4. A nipple shield should only be introduced by an experienced midwife, following an assessment of the breastfeeding difficulty.
5. Nipple shields should NOT be introduced because of nipple trauma, as damage can continue to occur if the baby is not effectively attached.

Indications for use

Baby:

- The baby is unable to maintain attachment, constantly slipping off the nipple and areola
- If the baby has tongue tie/high arched palate
- Baby has weak, disorganised or dysfunctional suck
- If the baby has difficulty handling the milk flow with strong milk ejection reflex
- To transition from prolonged bottle and teat use to direct breastfeeding

Mother:

- Flat, retracted or inverted nipples when attachment without a shield cannot be achieved (commence Breastfeeding Variance MR261.10)
- May be the solution for the mother who is unable to tolerate the intimacy of direct breastfeeding

Using a nipple shield:

1. Warm the shield to increase pliability
2. Hand express to apply breast milk to the areolar portion of the shield
3. To apply- roll the shield back on itself and stretch and roll onto the nipple/areolar complex
4. The stretched nipple shield returns to normal shape drawing the nipple into the teat cavity
5. This reduces the initial exertion by the baby to draw the nipple into the teat cavity
6. Present the nipple shield to the infant as you would with direct breastfeeding, tip of the nipple shield touching the philtrum to encourage a wide open mouth
7. Then bring the baby quickly onto the shield-to achieve a deep latch
8. Correct position and attachment as required
9. With firm shoulder girdle support the baby should be stable with no bouncing on the shield
10. Listen for audible swallows
11. Gentle stroking and breast compression is encouraged during the feed
12. Assess the breasts post feed for lumps/fullness
13. Thoroughly wash, rinse and dry the shield following the feed
14. Encourage expressing following the feed with the shield to top the baby up and ensure an empty breast
15. Close follow up care is vital to monitor effective milk transfer and monitor baby growth
16. Weight expectations remain the same
17. Continue to express to maintain the supply above the baby's needs until the baby is growing adequately
18. Document reason for and effectiveness of use in baby's notes

Discharge planning

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

1. Loan of electric breast pump to drain breast thoroughly after feeds
2. Follow up by VMS if within the visiting area / Community Nurse
3. If a shield is being used at discharge ensure follow-up is encouraged at the Breastfeeding Centre.

Weaning from the nipple shield

1. Do not rush; the nipple shield will have been introduced for a valid lactation reason.
2. Very occasionally the nipple shield will be required for the duration of breastfeeding.
3. Growth and development of the oro-facial features- **may take 10-16 weeks to achieve effective direct attachment.**
4. When commencing the transition to direct breastfeeding, commence the feed with the nipple shield- this is familiar for the baby.
5. Approximately half way through the feed remove the shield.
6. Exaggerate the tilt or sandwich the nipple areola and hold the nipple/areola until sucking well, stabilizing the breast tissue for the baby to achieve deep attachment

References






- Campbell S, Lauwers J, Mannel R, Spencer B (Eds.). Core curriculum for interdisciplinary lactation care / Lactation Education Accreditation and Approval Review Committee; 2019.
- Lauwers L, Swisher S. Counseling the Nursing Mother: A lactation consultant's guide. 6th ed. Jones and Bartlett Learning. 2016.
- Walker M. Breastfeeding management for the clinician: Using the evidence. Boston: Jones and Bartlett; 2017.

Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines: Obstetrics & Gynaecology: Breastfeeding Challenges

Useful resources (including related forms)

Form: Breastfeeding Variance MR261.10

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