Step 5: Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants

Postnatal management of nipple variation:
1. Keep mother and baby skin-to-skin for as long as possible after birth. Teach the mother to watch her baby for early feeding cues, e.g., mouthing, hand to mouth, rapid eye movement.
2. If baby is unable to attach effectively, record on variance sheet ‘MR 261.10 Flat or Inverted Nipples’.
3. Express the colostrum and feed the baby by cup or finger feeding. Regular expression 8-10 times (using hands, an electric pump or a combination of both) in 24 hours will be necessary to establish lactation. (See Clinical Guideline Expressing). Reassure the mother that with the onset of secretory activation she will start to collect breast milk.
4. Continue to offer breast regularly before expressing.
5. Continue to offer skin-to-skin contact. Use a combination of hand expressing, double pump action with an electric pump and the correct sized breast shield.

Nipple shield use
- Once secretory activation has occurred, a nipple shield may be effective in enabling breast attachment\(^1,2\)
- The Lactation Consultant or an experienced midwife should review feeding prior to using/introducing nipple shield.
- See Clinical Guidelines, Breastfeeding Aids: Nipple shields.

Discharge planning:
1. Continue the MR 261.10 Flat or Inverted Nipples variance sheet and give to the mother to take home.
2. Arrange breast pump loan.
3. The nipple shield may to be introduced by the Visiting Midwife where appropriate.
4. Continue regular breast milk expression after feeds until review in the Breastfeeding Centre.
5. Arrange a follow-up appointment at the Breastfeeding Centre.

References


Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines: O&G: Newborn Feeding
WNHS Breastfeeding Policy

Useful resources (including related forms)

MR 261.10 Flat or Inverted Nipples variance sheet

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