Breastfeeding Aids  
- Nipple Shields -

**SCOPE (Area):** Maternity Unit  
**SCOPE (Staff):** Midwives

**BACKGROUND**

Nipple shields may be a valuable aid when establishing breastfeeding, but should be introduced with caution. For some women the use of the shield may help the baby to attach to the breast and help the mother to establish lactation. However, they should not be substituted for experienced and skilled help in assisting a baby to latch to the breast or teaching a mother correct positioning and attachment techniques.

**DESIRED OUTCOME/OBJECTIVE**

- To allow midwives to appropriately identify those women who will benefit from the use of a nipple shield.
- To enable attachment of the baby to the breast.
- To encourage and support the mother to continue to breastfeed her baby when she is experiencing breastfeeding difficulties.

**INDICATIONS**

- A baby who is having problems achieving or maintaining attachment at the breast despite efforts to correct attachment.
- Flat or inverted nipples when attachment without a shield cannot be achieved.
- Nipple pain or trauma that has not responded to correct positioning and attachment.
- Protection for the mother’s skin when the mother has psoriasis or eczema of the nipple or areola.
- Unusual sucking difficulties that have not responded to alternative management.
- To promote effective milk transfer with preterm babies.

**DEFINITIONS**

**Nipple Shield:** a soft latex, silicone or rubber nipple designed to be worn over a woman’s nipple while breastfeeding.

**CONTRAINDICATIONS**

- Nipple shields should not be used until lactogenesis II has occurred. (Milk has ‘come-in’). Before this time there is insufficient flow of colostrum to enable milk transfer through a nipple shield. If the baby is unable to breastfeed before 48 hours, breastmilk should be expressed and spooned, cupped or pipetted to the baby.
ISSUES TO CONSIDER

Possible complications of using a nipple shield

- Nipple shields may contribute to a reduction in milk transfer and subsequently resulting in inadequate output and weight gain for the baby. However, research has shown that the use of nipple shields for preterm or babies who are unable to maintain attachment, may greatly increase milk transfer and duration of breastfeeding.

- Poor drainage of the breasts (inadequate milk transfer) may predispose a woman to engorgement, blocked ducts and/or mastitis, particularly in the early weeks when milk volumes are large. Women should be informed about early warning signs, prevention and treatment of mastitis. Refer to the guideline – Breastfeeding Challenges: Mastitis & Breast Abscess (CPG/B026).

- Nipple trauma may result if the nipple shield is not the correct size or used incorrectly.

- Use of a shield may alter or weaken the baby's sucking action which may make it difficult for the baby to return to direct breastfeeding. Short term or intermittent use may minimise this problem.

Length of use of nipple shields

- Usually short term use is recommended. (2 weeks – 1 month). Short term use of shields does not appear to cause problems with milk supply.

- In some cases, women with an adequate milk supply may use a nipple shield for the duration of breastfeeding.

Preterm Babies

- A nipple shield may help a preterm baby increase his/her milk intake at the breast. Consider a nipple shield if a preterm baby is unable to maintain attachment or sustain effective milk transfer despite skilled assistance with positioning and attachment. As sucking skills mature, attempts should be made to decrease and eventually cease use of the shield (usually when the baby approaches full term corrected age.)

PROCEDURE

A nipple shield should only be introduced by a Lactation Consultant (LC) or experienced midwife, following an assessment of the breastfeeding difficulty.

Assessing for use of shield

- Attend a full breastfeeding assessment.
  → Refer to guideline Breastfeeding the Healthy Term Newborn – Appendix 2 (CPG/B029) for breastfeeding assessment information.
  → Have other management techniques to get baby feeding directly been exhausted?

- Ensure mother has an adequate milk supply.

- Ensure mother has been provided with the nipple shield pamphlet to read.

Selecting appropriate shield

- Nipple shields do come in different sizes, however the large size is suitable for most women and babies.

- When the shield is placed onto the breast the nipple should fit into the cup area of the shield.
• A shield that is too long can cause a baby to gag or make it difficult for them to attach on past the firm teat and effectively transfer milk

• Different brands of nipple shields are available on the market, if one type does not suit a mother she may be advised to try a different size/shape brand.

Using shield
1. To fit shield follow these steps:
   → Express a few drops of milk into the shield.
   → Place half of the shield on the underside of the areola and nipple. Gently pull the shield up over the nipple to top of the areola, ensuring that the nipple is centrally positioned. This helps to create a seal and prevent chafing.
   → When using the Avent shield the two plastic poles should be placed at 12 o’clock and 6 o’clock allowing the baby’s nose and chin to directly touch the mother’s skin.
2. Ask the mother to position and attach baby.
   → Refer to guideline Breastfeeding the Healthy Term Newborn (CPG/B029) for positioning and attachment.
3. Check the baby’s attachment with the shield.
   → The mouth must not close on the shaft of the teat but take as much of the shield as possible.
   → Ensure that the baby is not just sucking on the tip of the teat.
4. An experienced midwife must observe the breastfeed to assess effective milk transfer.
   → Refer to guideline Breastfeeding the Healthy Term Newborn (CPG/B029) for positioning and attachment.
5. Teach mother how to assess her breasts before and after feeds to ensure adequate drainage (i.e., no heavy or lumpy areas) and to watch for milk transfer.
   → May need to express following the feed if breasts are lumpy or inadequately drained.
6. Document reason for initiating the shield and effectiveness of use in baby’s notes and record initiation of shield in the Breastfeeding Nipple Shield Referral Book.
7. Educate mother on how to assess effectiveness of breastfeeding by monitoring the baby’s wellbeing, output, weight and contentment.
   → Ensure that the woman is aware that the baby may spend longer at the breast or require a top-up feed due to the reduced milk transfer flow.

Care of shield
• After each use the shield should be:
   → rinsed in cold water
   → washed in hot soapy water
   → rinsed, dried and stored in a dry airtight container.

• If the mother or baby have thrush then after each use the shield should be:
   → rinsed in cold water
   → washed in hot soapy water
   → boiled for 2-3 minutes
   → rinsed, dried and stored in a dry airtight container.
Discharge using shield

- If woman is discharged using a shield then follow-up with a lactation consultant should be arranged within two weeks of discharge.

- Ongoing support is required to ensure no complications from use of shield develop and also to assist the mother to wean the baby off the shield. The ideal time to wean is at 2-4 weeks of age.

- Advise the mother that she may try periodically to feed without shield at home.

- The baby’s output and weight should be monitored regularly while feeding with the shield.

RELATED DOCUMENTS

**Internal**

- Nipple Shields – Patient information pamphlet
- CPG/B029: Breastfeeding the Healthy Term Newborn

**External**

REFERENCES


Walker M. Breastfeeding Management for the Clinician - using the evidence. Jones and Bartlett; 2006.
