

# **Guideline for the support of parents who use Nipple Shields**

**Speciality: Maternity Service, Infant Feeding Co-ordinator**

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## **Guideline for the support of parents who use nipple shields**

### **DEFINITION**

Nipple shields are devices shaped like a nipple, usually made from silicone although rubber and latex are available. They are worn over the lactating person's nipple and areola during feeding.

### **RATIONALE**

Nipple shields should only be used after other interventions have been attempted, unless there is an obvious problem, such as prematurity or difficulty latching due to some physical characteristic of the baby and/ or mother. Nipple shields should not be considered for use within the first 72 hours.

### **Why are nipple shields generally not recommended?**

- Milk transfer to baby is reduced;
- The breast isn't stimulated in the same way as when a baby latches onto the breast directly, this will lead to a reduced milk supply;
- Nipple shields may interfere with proper attachment;
- Mothers can be at increased risk of blocked ducts, engorgement and mastitis;
- Breast refusal - it can be difficult to wean from the shields and back directly onto the breast;
- Incorrect size of shield can cause further irritation to sore nipples;
- Parents may lose confidence.

To ensure a mother makes a fully informed choice, she should be informed of the possible side effects the shield may have on breastfeeding. All discussions and treatment should be documented in the notes.

### **ADVANTAGES OF USING A NIPPLE SHIELD**

It was once thought that nipple shields caused more problems than they solved, however, in some situations they can be a useful tool to help preserve breastfeeding in situations such as:

- Premature baby learning to breastfeed;
- Baby with neurological problems;
- Baby with a weak suck.

Referral to the Infant Feeding Coordinator or their equivalent should be made prior to suggesting the use of nipple shields. Remember that most breastfeeding situations involving healthy, full-term newborns, as well as some more challenging situations involving prematurity, neurological problems or birth injuries may respond to interventions that avoid nipple shield use.

If a parent decides to use a nipple shield make sure that the fit is appropriate:

- Nipple shields range in size significantly, it is important to measure the nipple diameter and choose the right size according to the manufacturer.
- The teat of the shield needs to be wide enough to accommodate the size of the mothers' nipple in order to prevent trauma.

### **OBSERVATION OF CORRECT ATTACHMENT WITH NIPPLE SHIELD**

- Baby needs to open their mouth wide
- They should latch onto the soft brim surrounding the firm teat
- The teat should extend back far enough in the baby's mouth to stimulate effective sucking.
- Baby should not be sucking on the tip of the nipple shield. This would result in a slower milk flow, which will lead to increased energy consumption by the baby, as they would have to work hard to achieve an adequate feed.
- If any part of the firm teat is viewed during the feed, the baby needs to be removed from the breast and repositioned.

### **CARE OF DYADS WHEN USING NIPPLE SHIELDS**

- Mothers should be encouraged to express following feeds in order to maintain supply.
- Mothers should be made aware of the importance of noticing swallowing whilst the baby is feeding.
- Mothers should note if there is milk in the teat of the nipple shield following a feed.
- Babies who are adequately fed and hydrated should have no fewer than five to six wet nappies a day and at least two to three bowel movements a day. If there appears to be fewer than this then parents should be encouraged to supplement their baby with expressed breast milk. Parents should also discuss their concerns with an appropriate health professional.

- As a precaution Baby's weight should be checked more frequently when nipple shields are being used.

Please refer to the appropriate Infant Feeding Co-ordinator in Maternity or Health Visiting if you have any concerns about the mother or baby.

### **WEANING DYADS FROM NIPPLE SHIELDS**

- There is no set time for the weaning of nipple shields, if baby is gaining weight and following a regular feeding pattern, shield use may not be detrimental.
- Baby should be placed skin to skin and feeds should begin with nipple shields, which can be removed when sucking begins. Gradually introduce baby to the nipple without shields, allow them to play with the nipple to understand its shape.
- Shields should not be cut or trimmed to encourage self-weaning

### **Other policies that support these guidelines**

1. SBHU Infant Feeding Policy (2022)
2. Faltering Growth in Breastfed Babies (2021).
3. Reluctant feeder guidelines (2022).
4. NMC: The code (2018)

## References

1. Wambach, K (2021) Breastfeeding and Human Lactation 6th ed. Jones and Bartlett Publishers. London.
2. Brigham. M. Mothers reports of the outcome of nipple shield use. J Hum Lact, 1996; 12:291-97.
3. Wilson-clay, B. Clinical use of the silicone nipple shield. J Hum Lact 1996; 12 279-85.
4. Mohrbacher.N et al (2003) La Leche League International. The Breastfeeding Answer book 3rd revised Ed. Schaumburg, Illinois
5. Biancuzzo,M (2003) Breastfeeding the Newborn. Clinical Strategies for Nurses. Mosby. Missouri.
6. Bick, D.,MacArthur, C., Winter, H. (2009) Breastfeeding issues. In: Postnatal Care: Evidence and Guidelines for Management.Curchill Livingstone,