



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Guideline for the support of mothers who choose to use a nipple shield

Specialty: Maternity Services
Date Approved: September 2019
Published: October 2019
Approved by: Perinatal Forum
Date for Review: August 2022

Guideline for the support of mothers who choose to use a nipple shield

DEFINITION

Nipple shields are devices shaped like a nipple, usually made from silicone although rubber and latex are available. They are worn over the mothers' 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;
- Mothers 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 Infant Feeding Coordinator or her 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 mother 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 his mouth wide
- He 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 he 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 MUM AND BABY 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.
- Mums 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 mum should be encouraged to supplement her baby with her expressed breast milk. Mum should also discuss her 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 Health Professional if you have any concerns about the mother or baby.

Other policies that support these guidelines

1. ABMU Breastfeeding Policy
2. Guidelines for managing newborn weight loss weight loss in healthy breastfed term babies (2019).
3. Reluctant feeder guidelines (2018).
4. NMC: The code (2015)
5. Completion of health records policy (2016)

Bibliography

1. Riordan. J (2005) *Breastfeeding and Human Lactation 3rd 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, London.

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Guidelines on use of a nipple shield for breastfeeding
Name(s) of Author:	Karen Evans/Carol Jones
Chair of Group or Committee supporting submission:	Perinatal Forum
Issue / Version No:	3
Next Review / Guideline Expiry:	August 2022
Details of persons included in consultation process:	Perinatal Forum Membership
Brief outline giving reasons for document being submitted for ratification	Review
Name of Pharmacist (mandatory if drugs involved):	n/a
Please list any policies/guidelines this document will supercede:	Guideline on use of nipple shield (March 2015)
Please indicate key words you wish to be linked to document	Breast, feeding, nipple, shields, breastfeeding