

Nipple Shields

The use of nipple shields can be quite helpful as an intervention in certain breastfeeding situations. An understanding of what shields can and cannot accomplish is essential in the decision-making process.

Use of Nipple shields come with Terms and Conditions.

The Positive:

Shield use permits learning to feed at breast, allows supplementation to occur at breast (i.e., thread tubing under or alongside of the shield), encourages nipple protractility, does not overwhelm the mother with gadgets, and avoids the baby fighting the breast. Shield use may prevent premature termination of breastfeeding.

Shields can:

- Therapeutically supply oral stimulation that a baby cannot obtain from the mother's nipples due to inability to latch or transfer milk
- Create a nipple shape in the infant's mouth
- Allow extraction of milk by expression with minimal suction, with negative pressure inside the shield tip keeping milk available
- Compensate for weak infant suction
- Present a stable nipple shape that remains during pauses in sucking bursts
- Maintain the nipple in a protruded position
- Affect the rate of milk flow ("over-active letdown"/over supply)

The Negative:

The mother must also consider some of the disadvantages of nipple shield use. It is sometimes used as a substitute for skilled care or as a quick fix but may not address the underlying problem; may exacerbate the original problem; may lead to insufficient milk volume, inadequate weight gain, or weaning; can be problematic without follow-up; may prevent proper extension of the nipple back into the baby's mouth; could pinch the nipple and areola, causing abrasion, pain, skin breakdown, and internal trauma to the breast if not applied properly; could create nipple shield addiction, after which the baby will not feed at breast without the shield in place; might predispose the nipple to damage when the baby is put to breast without the shield, because the baby may chew rather than suckle.

Shields cannot

- Correct milk transfer problems or weight gain if the mother has insufficient milk volume
- Fix damaged nipples if the cause is not discovered and remedied
- Replace skilled intervention and close follow-up

When all else fails and the mother decide to use a shield, here are some **Instructions for Shield Use**

- Choose an appropriate size shield. When sizing shields, consider baby's mouth as well as the size of the mother's nipple. Shield length should not exceed baby's mouth – from lips to hard-soft palate. In a small baby use the shortest available teat – less than 2cm – but do not force a large nipple into a small shield.
- Drip expressed milk onto the outside of the teat to encourage the baby to latch.
- Warm the shield to help it stick.

- Apply the shield by turning it almost inside out (moistening the edges to help it adhere better).



- Hand express a little milk into the teat if necessary.
 - Use alternate massage to help drain the breast.
 - Check the baby's latch with the shield: The mouth must not close on the shaft of the teat.
 - Check that the baby is not just sucking on the tip of the teat.
 - Some mothers may need to pump after each feeding.
 - Mothers should carefully check their breasts for plugged ducts and areas that are not draining well.
 - If yeast is present on the areola, the shield should be boiled; otherwise, the shield should be washed in hot soapy water after each use and rinsed thoroughly, and air dried.
 - Perform a weight check every few days until the milk supply is stable and the baby is gaining well.
- The mother, baby and health care worker may become dependent on the shield.
 - Stop and think before recommending or starting nipple shields. If used as a temporary measure for a clinical need, ensure follow-up assistance to enable discontinuing using the shield and monitoring baby's weight and output. The mean duration of shield use is 14-33 days.

Weaning From the Shield

There is no set time to wean a baby (or mother) from shield use. Extended use silicone shield has not been shown to be detrimental. Mothers start the shield-weaning process by just encouraging skin-to-skin contact next to the nipple, starting the feed with the shield and then removing it, and gradually trying feeds without the shield. The tip of the shield should not be cut off in an attempt to present less and less of the device to the baby. Rough edges may scrape the baby's mouth, and the altered shape and consistency of the shield may not be appropriate to the desired outcome.

- Suzanne Hetzel Campbell, Judith Lauwers, Rebecca Mannel. Lactation Education Accreditation and Approval Review Committee (LEAARC) Core Curriculum for Interdisciplinary Lactation Care, Jones & Bartlett Learning, 25 Jun 2018
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