

## **NIPPLE SHIELD**

### **PURPOSE STATEMENT:**

To provide guidelines for the use of nipple shields.

### **RESPONSIBLE PERSONS:**

IBCLC or IBCLC candidate  
RN, LPN with documented competency

### **POLICY STATEMENT:**

- I. Indications for use of nipple shield:
  - A) To keep infant with weak or disorganized suck at the breast until effective suck is achieved
  - B) To increase milk transfer for infant with weak or immature suck
  - C) To enable infant to latch to the breast due to flat or inverted nipples, or when infant does not open mouth wide to achieve adequate latch.
  - D) To transition to breast for babies that display signs of breast refusal or bottle nipple preference
  - E) To help control flow of milk when mother has an overactive letdown reflex
  - F) To reduce nipple pain of the mother if due to anatomical problem of infant's mouth such as short tongue or high palate.
- II. Nipple shield should be used only after other methods to achieve successful breastfeeding have been tried. Rarely are nipple shields appropriate in the first 24 hours of attempting breastfeeding. Shields are best used under supervision of a certified lactation consultant. Shields may be used by patient after instruction by IBCLC, IBCLC candidate or staff nurse with documented competency.

### **PROCEDURE:**

- I. Equipment:
  - A) Silicone Nipple Shields

II. Guidelines:

- A) Explain the purpose of the nipple shield
- B) Assess for proper size based on width of mother's nipple and size of infant's mouth
- C) Assess whether or not nipple shield is positioned correctly with the mother's nipple deep into the nipple shield
- D) Assess for effective suckle and audible swallowing, which indicates proper milk transfer
- E) Instruct the patient to:
  - 1. Moisten the nipple shield with water or use lanolin on nipple/areola to help prevent the nipple shield from slipping. However, some patients may find there is less slipping if the shield is applied while dry.
  - 2. Instruct patient to stretch teat portion of nipple shield to create suction and draw as much of the nipple-areolar complex into the opening. Another technique to draw patient's nipple into shield is to flip shield almost inside out before applying. When shield moves back into position, gentle traction is exerted on nipple-areolar complex.
  - 3. Remove and reposition the nipple shield if pain is experienced when infant sucks
  - 4. Pump breasts with hospital-grade double electric breast pump after feedings to initiate and/or maintain an optimal milk supply
  - 5. Monitor output and check infant's weight frequently until appropriate weight gain is demonstrated. Follow-up is crucial while using nipple shield.
  - 6. Wash nipple shield with hot, soapy water and rinse well after each use
  - 7. Regard use of the nipple shield as a temporary measure. Patient and staff should develop a plan to wean infant from shield as soon as is appropriate.

PATIENT EDUCATION:

- I. Patient must have follow-up plan while using nipple shield. Patient needs to be aware of the risk of poor milk intake/compromised milk supply.

DOCUMENTATION:

- I. Record on patient record.

REFERENCES:

Walker, Marsha. Core Curriculum for Lactation Consultant Practice. (2002) Jones & Bartlett Publishers.

Riordan, Jan. Breastfeeding and Human Lactation, 3<sup>rd</sup> Edition. (2004) Jones & Bartlett Publishers.

<http://www.medela.com/NewFiles/premienipshld.html>

Powers, Diane. Women's Experiences Using a Nipple Shield. *Journal of Human Lactation*. Aug 2004 pp327-331.