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## Nipple Shields in the Maternity Unit Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

### **Purpose**

Define appropriate clinical use of nipple shields for breastfeeding infants in the Maternity Unit and in Special Care Baby Unit.

### **Definitions**

Nipple shield: Soft silicone cover for the breast that is used to assist with breastfeeding in certain cases.

### **Scope**

All Hutt Valley DHB Midwives and Nurses  
All Hutt Valley DHB Paediatric Doctors, Neonatal and Paediatric Staff  
All Hutt Valley DHB Access Holders  
Lactation Consultants  
Lead Maternity Carers

### **Principles**

Indiscriminate use of nipple shields can mask ineffectual latch of an infant and can lead to poor breastfeeding outcomes. However, there are times when nipple shields can be very effective as tools to establish and sustain breastfeeding. They are not recommended during the first few days of Breastfeeding until the milk supply is established.

The new thinner flexible silicone nipple shields can help a baby successfully transition to the breast,"Mohrbacher & Stock 2002, p. 656

If the usual strategies are not working, nipple shields may be helpful for:

- The premature baby who is not yet fully effective at the breast
- The baby having latch-on problems
- The baby with tongue thrust, a retracted tongue, neurological problems, or a weak suck.
- The mother with inverted nipples.
- Over supply or forceful let down
- A suck code of 3-4 following mechanical delivery

## **Procedure**

Ensure Team Approach:

1. Consult with LMC before introduction of nipple shield to their client
2. Discuss where possible with Lactation Consultant.

## **Fitting the nipple shield**

Establish if the shield is too long or too short for the baby.

1. If it is too long the baby will gag
2. If it is too short the baby's suck response may not be stimulated.
3. Ask mum to wash her hands and have trimmed nails
4. Have baby suck on her finger and let the finger go to the end of the hard palate
5. If a wider shield is not available then have the mother express and attempt to source an appropriate nipple shield

## **Placing the shield**

1. Place the shield slightly inside out on the nipple so that the cut out area will be in alignment with the baby's nose.
2. It may be helpful to put some lansinoh cream or breastmilk on the underside of the shield flaps to help hold it in place.
3. Press the shield down to seal.

## **Cleaning the Nipple Shield**

1. The nipple shield should be washed in hot soapy water after each use and rinsed in clear water - then placed in Milton solution until next use

## **Maintaining a strong milk supply**

1. When first introducing a nipple shield, encourage the woman to express her breasts after each feed for 10 minutes – to maintain an adequate milk supply
2. The expressed milk can be stored/frozen and saved for later use
3. Encourage the woman to assess that her breasts feel lighter and drained after a feed and that she can see milk in the shield

## **Premature Babies**

1. Premature babies often breastfeed more effectively with a nipple shield until they reach their full-term correct age around 40 weeks.
2. When using a nipple shield careful observation should be made for signs of adequate milk transfer for infant growth.
3. When the mother decides to wean from the nipple shield it is important to continue monitoring the baby's weight for appropriate growth

## **Weaning off the nipple shield**

1. Try removing the shield after the baby has been breastfeeding well for a few minutes
2. If baby refuses the bare breast return to nipple shield feeding and try again when baby is more relaxed and settled on another feed
3. Encourage the mother to use the shield as long as it helps the baby breastfeed more effectively.

### **Documentation**

Documentation is required that mothers have been given a copy of the **Guidelines for the use of a nipple shield**.

Any time a nipple shield is introduced document this in both Mother and Baby notes. Any mother being sent home feeding on a nipple shield needs to be closely monitored by LMC or Lactation Consultant

### **Associated documents and guidelines**

CB4 Hospital Clinical Breastfeeding policy, Hutt Valley District Health Board

### **Reference**

Mohrbacher N & Stock J. The breastfeeding Answer Book, 3<sup>rd</sup> ed. Schaumber, (2002) La Leche League International: Illinois: p 655-658.

### **Informed Consent**

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).