**Purpose**

To provide education on the correct use of a nipple shield.

**Policy Statement**

The clinical goal for the use of a nipple shield is to facilitate the establishment of breastfeeding in premature and sick newborns and those newborns unable to latch effectively.

**Applicability**

All Covenant Health Neonatal Nursery staff.

**Principles**

Covenant Health recognizes that:

1. Breastfeeding is the natural and optimal way to feed infants and the foundation for a healthy life.

2. Breastfeeding provides numerous benefits to mother and infant (See Baby Friendly Initiative (BFI) Breastfeeding Policy).

3. Breastfeeding helps to create and establish a lasting bond between mothers and infants who form an inseparable biological and social unit.

**Indications**

Infant: tongue tie
- preterm infant unable to maintain an effective latch
- hypotonic/hypertonic infant unable to latch effectively
- oral anatomy variations i.e. highly arched, bubble shaped palate, cleft lip, short frenulum

Mother: flat or inverted nipples
- poor nipple contractility
- sore, damaged nipples
- hyperlactation with or without forceful let down
- history of sexual abuse and wanting to breastfeed
Nipple Shield Use

Date Effective: May 2017
Policy Group: GI/GU

Equipment
- Silicone nipple shield – sizes 16 mm, 20mm, 24mm
- Clean denture cup
- Nipple Shield Parent Pamphlet

Procedure

Fitting a nipple shield:
- Perform hand hygiene.
- Assess infant’s cues for feeding readiness as developmentally appropriate.
- Assess infant’s current latch by observing and providing feedback to ensure a nipple shield is needed.
- Discuss with the mother the rationale for nipple shield use and obtain verbal consent.
- Have the mother gently roll her nipple to erect the tissue if possible and measure the diameter of the base of the mother’s nipple to see if her nipple will fit in one of the three sizes available (16mm 20 mm, 24 mm). Not all maternal nipples will fit in a shield. If bedside staff is not comfortable with sizing, a referral can be made to the Lactation Consultants.
- Obtain correctly sized nipple shield, denture cup to store the nipple shield, and a Parent Pamphlet.

Applying a nipple shield:
- Perform hand hygiene.
- Encourage the mother to perform hand hygiene.
- Wash the nipple shield prior to first use in warm soapy water and rinse with clean water.
- Assess infant’s cues for feeding readiness.
- Encourage the mother to gently massage the breast or use hand expression to initiate milk flow
- Moisten the shield with warm water
- Have the mother gently roll her nipple to erect the tissue if possible; turn the shield outwards like a sombrero to allow the shield to pull the nipple into the shield. While centering the shield over the nipple allow the shield to seal to the breast. For the shield with cutouts, position so that the cutout rests where the infant’s nose will touch the breast during feeding.
- Have the mother support her breast and gently stimulate the infant’s mouth with the nipple shield to encourage a latch. When the infant demonstrates a wide gape with the tongue down have the mother bring the infant to the breast to attempt a latch. This may require multiple attempts
- Once a latch has been obtained the mother and nursing staff should observe the infant’s latch is deep and note flanged out lips with the infant flush against the breast. A shallow latch will have the tip of the shield visible and the infant pulling away from the mother’s body. A shallow latch will create inadequate milk transfer and may cause maternal nipple damage.
- Wash the nipple shield after every use in warm soapy water and rinse with clean water. Nipple shield is to be sterilized in microwave bag once a day.
Managing milk supply

- Hand expression is initiated as soon as possible (within 6 hours) after delivery and encouraged 8 -12 times per 24 hours over the first three days. Approximately 15 minutes is spent performing hand expression each session. Once a Mom can hand express 5 – 10 ml this is an indication to begin using an electric pump.
- Encourage milk expression via electric pump followed by hand expression 8 – 12 times per day after breast feeding to ensure adequate breast drainage and breast stimulation. For premature babies this is recommended until baby is 6.5 – 7 pounds or 42 – 44 weeks corrected.

Weaning from a nipple shield

- Nipple shields are a temporary intervention to facilitate a good latch for adequate milk transfer and to prevent early weaning from breastfeeding.
- Once effective milk transfer is established with the shield then the weaning process can be initiated to allow for breastfeeding without the shield.
- First, have the mother offer the breast without the shield in place. If the infant does not latch, start again with the shield on for 2 – 3 minutes. Then have the mother take the shield off; her nipple should now be longer. Try again to latch without the shield. Try when the infant is calm and is showing early feeding cues. Utilize skin-to-skin care prior to feeding to facilitate baby led breastfeeding.
- If these strategies do not work, you may need to have the mother try again in a few days when the infant and mother are feeling relaxed.
- For infants in the NICU weaning often starts by 1 -2 feeds per day at the breast without the shield. As the infant is able to latch and transfer milk effectively, increase the number of feeds without the shield slowly over several days. If the infant is unable to latch resume use of the shield and try again at a different feeding.

Weaning of the nipple shield may not occur until after the infant has been discharged.

Documentation

- Document indications for use, feed assessment and outcome on the NICU flow sheet.

Definitions

Nipple shield: a nipple shaped silicone covering worn over the nipple and areola during breastfeeding to help an infant latch.

Denture Cup: a clean container with a lid for storage of the nipple shield.

Related Documents

Baby Friendly Initiative (BFI) Breastfeeding Policy
Hand Hygiene
References


Signing

Original Signed

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SENIOR DIRECTOR OPERATIONS
WOMEN’S & CHILD HEALTH
COVENANT HEALTH
GREY NUNS & MISERCORDIA HOSPITALS

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DATE

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