

Silicone Nipple Shields

Description

A nipple shield is a flexible silicone nipple worn over the lactating parent's nipple during a feeding. Nipple shields allow for stimulation to the nipple and areola. This device should be considered a short-term solution, and should be used under the guidance of a lactation consultant.

Indications for use of nipple shield:

- a. Latch difficulty:
 - i. Nipple anomalies (flat, inverted)
 - ii. Nipple pain and damage
 - iii. Mismatch between small infant mouth and large nipples
 - iv. Artificial nipple preference (bottles, pacifiers)
 - v. To transition an infant from bottle to breast
 - vi. Infant with weak, disorganized or dysfunctional suck (preterm, neurological problems)
 - vii. Infant with high or low muscle tone
 - viii. Overactive milk ejection reflex or overproduction of milk
 - ix. Tongue tie
- b. Infant oral cavity issues:
 - i. Cleft palate
 - ii. Bubble palate
 - iii. Lack of fat pads (preterm, small for gestational age)
 - iv. Recessed jaw
- c. Infant with upper airway issues:
 - i. Tracheomalacia
 - ii. Laryngomalacia
- d. Other potential indications, when all other interventions have been unsuccessful, include:
 - i. Mom has sore nipples
 - ii. Mom has damaged nipples
 - iii. Painful latch

Note: Nipple shields should be used only after other methods to achieve successful breastfeeding have been attempted. Rarely are nipple shields appropriate in the first 24 hours of attempting breastfeeding. Shields may be provided after client instruction is given, a latch and milk transfer assessment is completed, and a follow-up plan is made prior to client leaving the clinic.

Procedure

- a. Educate client on 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. Instruct the client to (demonstrate if necessary):
 - i. Moisten the nipple shield with water or use lanolin on nipple/areola to help prevent the nipple shield from slipping. However, some clients may find there is less slipping if the shield is applied while dry.
 - ii. 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 client's nipple into the shield is to flip the shield almost inside out before applying. When shield moves back into position, gentle traction is exerted on nipple-areolar complex.
 - iii. Remove and reposition the nipple shield if pain is experienced when infant sucks.
- e. Assess for effective suckling and audible swallowing, which indicates proper milk transfer.
- f. Wean infant from shield as soon as it is appropriate by attempting to remove shield after the initial latch.
- g. Assess milk production and need for additional breast stimulation when using a specialty feeding device. Explore milk removal options with mother such as pumping breasts with double electric breast pump after feedings to maintain optimal milk production.
- h. Instruct caregiver to wash nipple shield with hot, soapy water and rinse well after each use.

References

Hughes, V. and Donovan, K. (2019). *Breastfeeding devices and topical treatments*. In Hetzel Campbell, S., Lauwers, J., Mannel, R., & Spencer, B. (2019). *Core Curriculum for Interdisciplinary Lactation Care*. (p. 384-387). *Burlington, MA: Jones & Bartlett Learning*.

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