

GUIDELINE FOR THE USE OF NIPPLE SHIELDS IN CHI AT CRUMLIN


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Approved by: Date: January 2022 <i>Name: Fionnuala O'Neill</i> <i>Title: Nurse Practice Development Coordinator</i>	
Authorised by: Date: January 2022 <i>Name: Karen McGuire</i> <i>Title: Director of Nursing</i>	
Author/s	<i>Name: Eimear Ryan</i> <i>Title: Dietitian</i>
Location of Copies	<i>On Hospital Intranet and locally in department</i>

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1.0 Use of Nipple Shields

A nipple shield is a breastfeeding aid. It is a nipple shaped shield that is positioned over the nipple and areola prior to breastfeeding. They are generally made of thin, soft, flexible silicone and have holes at the end of the nipple section to allow the breast milk to pass through. Nipple shields have the potential to be a useful tool to help an infant's latch onto the breast and feed more effectively.

Skilled lactation support should be provided to a mother prior to consideration of the use of nipple shields. The National Feeding policy for Maternity and Neonatal services ⁽²⁾ states that nipple shields should not be recommended, unless there is a clinical reason for their use. If their use is clinically indicated, then this should be discussed with the mother and documented along with a specific care plan. The mother should also remain under the care of a skilled practitioner whilst using the shield.

2.0 Definition of Guideline

The purpose of this document is to provide guidance on the use of nipple shields in CHI at Crumlin.

3.0 Objectives of the Guideline

- To give guidance on patient criteria for use of nipple shields
- To provide practical guidance on the use and care of nipple shield.
- To provide guidance on how to monitor for effective feeding when using a nipple shield

4.0 Applicable to

Nursing staff and other health care professionals who provide support for breastfeeding infants.

5.0 Definition of Terms

A nipple shield is a breastfeeding aid. It is a nipple shaped shield that is positioned over the nipple and areola prior to breastfeeding. They are generally made of thin, soft, flexible silicone and have holes at the end of the nipple section to allow the breast milk to pass through.

6.0 Using a Nipple Shield

Nipple shields are intended as a temporary measure. Infants commenced on a nipple shield in the hospital setting need ongoing close monitoring. Effectiveness of feeding should be monitored by daily use of the Breastfeeding assessment tool (BAT) and regular weights checks. Infants commenced on a nipple shield in the hospital setting should have a plan and link in the community to wean from nipple shields as clinically indicated post discharge.


6.1 Clinical indications for the use of nipple shields include:

- Flat or inverted nipples.
- Infants with hyper or hypotonia.
- When trying to transition an infant from bottle feeding to breastfeeding.
- When trying to transition a preterm infant to breastfeeding.
- Breast engorgement when the nipple has been flattened.

6.2 Potential risks associated with nipple shield use include

- Incomplete emptying of the breast and increased risk of blocked ducts and mastitis.
- Poor transfer of milk, with subsequent sub optimal milk production and poor weight gain.
- Long-term dependence for some infants.
- Nipple trauma due to poorly fitting shields.

6.3 Correct use of a Nipple shield

Guidance	Photo / Infographic / resources	Rationale
<p>Help the mother to choose the correct size of nipple shield. Nipple shields should be the smallest size that fits the mother's nipple comfortably, and not too big for the infant's mouth.</p> <p>Measurement for nipple shield sizing should be taken at the base of the nipple. Nipple shield come in sizes small (16mm), medium (20mm) and large (24mm).</p>		<p>Nipple shields are available in different sizes.</p> <p>The nipple shield should be a correct fit. A shield that is too large may cause ineffective milk transfer and affect milk production, and may be challenging for the baby. Nipple shields that are too small will not be able to extend deeply into the baby's mouth and so not allow for deep attachment to the breast.</p>
<p>Guide the mother to put on the nipple shield.</p> <ol style="list-style-type: none"> 1. Invert or Turn the nipple shield's edges up (like a sombrero hat). 		<p>Nipple shields should not be just placed on the nipple and breast. Correct use of the nipple shield ensures better transfer of milk and will prevent nipple damage.</p>

2. Then hold the nipple shield by its edges and centre “the hat” over the nipple.



3. Hold the shield on your nipple and use your fingers to push and stretch the shield over the nipple.



4. Roll the edges of the shield onto your breast. Your nipple should be “pulled” into the shield.



Help the mother to latch her infant to the breast.

Infants should be supported to latch onto the nipple shield in the same way they would latch onto the breast. One easy way to assist mothers is the following 3 basic concepts

1. Open (a wide open mouth).
2. Angle (nose to nipple, head slightly tilted back; chin first; shoulders, hips, legs and feet pulled in close)
3. Oomph (a gentle push on baby's shoulders at latch to move the nipple into the comfort zone)

Refer to CHI at Crumlin Breastfeeding Guidelines for further information on positioning and latch

Nipple shields are not without risk and require careful monitoring to ensure the development of the correct latch and effectiveness of feeding.

(Mohrbacher and Kendall-Tackett, 2010 p.9)

Provide the mother with information and guidance on cue based/demand feeding and signs that her infant is transferring milk effectively.

Mothers using a nipple shield prior to the onset of lactogenesis 2 or (onset of copious milk secretion) should be assisted to stimulate her milk supply by hand expressing.

Signs of effective feeding include (after day 7 of life)

- Presence of milk in the shield,
- Breast feel softer post feeds
- Infant is feeding actively with audible swallowing
- The infant has 6+ wet nappies and 3+ yellow seedy stools per day by the end of week 1 of life.
- The infant is gaining weight adequately.
- The infant is satisfied and content in between feeds.

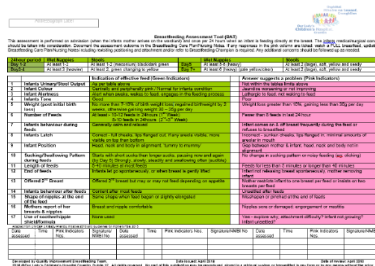
Signs of effective feeding are recorded daily using the BAT.

For infants who are transitioning from nasogastric / tube feeding to breastfeeding refer to the Transitioning Guide for guidance on topping up and need for pumping.

Test weights pre and post breastfeeds may be warranted, if there is concern re insufficient milk transfer. This procedure is where an infant is weighed fully clothed before and after a breastfeed and the weights recorded. The difference in weight in grams pre and post feeds

Further information on hand expressing available via the hospital website.
<https://www.olchc.ie/Children-Family/Breastfeeding-/Expressing-Milk-for-your-Baby.html>

Nipple shields can potentially lead to a lower milk supply due to reduced stimulation. Hand expression will increase stimulation and removal of milk, helping to establish the milk supply in the early days



Transition from Tube Feeding to Breastfeeding Guide

Step	Objective	Assessment	Action
1	Infant is able to latch on to the breast.	• Infant is able to latch on to the breast. • Infant is able to suckle.	• Continue to offer breast milk. • Offer breast milk as often as possible.
2	Infant is able to transfer milk from the breast.	• Infant is able to transfer milk from the breast. • Infant is able to swallow.	• Offer breast milk as often as possible. • Offer breast milk as often as possible.
3	Infant is able to maintain weight gain.	• Infant is able to maintain weight gain. • Infant is able to maintain weight gain.	• Offer breast milk as often as possible. • Offer breast milk as often as possible.

Effective breastfeeding and transfer of milk is the cornerstone of feeding. It also ensures the development and protection of a full maternal milk supply.

Effective feeding is essential for normal growth and development.

Test weights pre and post breastfeeds will quantify the amount of milk transferred during a feed. They can be used as part of a clinical assessment to determine whether an infant is transferring adequate milk from the breast. The ideal is a 24hour assessment,

<p>equates to the volume of milk transferred. E.g. 3.5kg pre feed. 3.61kg post feed= 110mls of milk transferred</p>		<p>done in conjunction with the dietitian and medical team.</p>
<p>Provide the mother with information regarding the cleaning and storage of nipple shields in the hospital setting.</p> <ul style="list-style-type: none"> • Nipple shields need to be washed in warm soapy water after every use. Rinse with clear water. • Nipple shields should be sterilised after every use by either boiling for 10minutes or steam sterilised. • Nipple shield can be allowed to air dry on a clean towel. Store in its container until ready for use. 		<p>Nipple shields need to be washed and sterilised as per national guidelines for infants less than 1 year of age.</p>

7.0 Reference

The use of Soothers and Nipple shields. Factsheets for healthcare Professionals, HSE Available at: <https://www.hse.ie/file-library/the-use-of-soothers-and-nipple-shields.pdf>

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