

Using a nipple shield with a breastfed baby

What is a nipple shield?

A nipple shield is a flexible silicone nipple that is worn over the mother's own nipple during breastfeeding.

Why would I consider one?

Nipple shields can help establish breastfeeding with some babies who seem to have difficulty achieving and/or maintaining attachment to the breast.

Most mums don't need to use a nipple shield

Please consult a breastfeeding counsellor or health professional for one-to-one support before you use a nipple shield. A nipple shield can be a temporary solution but not a permanent fix to an underlying problem.

What might cause my baby to have difficulty with attachment?

- Labour events
- Delivery
- Drugs – Opiates, Fentanyl
- Use of dummy/teat
- Physical abnormality

Other reasons a shield could be used:

- Flat or inverted i.e. non protractile nipples
- Soft nipples
- Tongue tie
- Breast refusal
- Sore, cracked bleeding nipples
- Weaning a baby from bottle to breast
- Re-lactation or induced lactation (adoptive breastfeeding)

Before using a nipple shield, consider:

- Prolonged skin contact and 'biological nurturing' i.e. laid back breastfeeding techniques
- Hand expressing drops of milk onto the nipple to tempt the baby to attach
- Regular (2-3 hourly) hand expressing of colostrum to protect milk supply
- Regular (2-3 hourly) feeding of expressed breast milk (EBM) via syringe/cup to maintain baby's condition
- Trying different positions/techniques e.g. cross cradle hold and exaggerated attachment, lying down feeding, underarm hold
- Applying cold to a soft nipple to firm it

- Use of nipple massage or gentle use of breast pump to draw nipple out
- If milk is in, deal with any engorgement to soften areola to facilitate attachment.

Caution:

Nipple shields should be used with caution under the supervision of a skilled breastfeeding practitioner. Unless used properly, they may contribute to poor weight gain as the transfer of milk to the baby may be affected.

- Incorrect fitting and fit of shield = poor milk transfer and/or damage to nipple.
- Milk transfer to baby may not be as efficient = long feeds, very frequent feeds, unsettledness, colicky behaviour slow weight gain.
- Slower milk transfer = greater risk of blocked ducts/mastitis.
- Lower milk supply due to poor milk transfer from breast.
- Barrier between mother and baby.
- Baby gets used to the shields and will not feed without them.

How to use a nipple shield

It's often helpful to place the baby in skin to skin contact well before you attempt a feed. This will stimulate the baby's instinctive feeding behaviours and make attachment to the breast more likely to be successful.

When shields are introduced, first try latching the baby without the shield. Or you can start each feed with the shield and then try removing it after a minute or two of breastfeeding. Or try latching the baby without it later in the feed (this may not be appropriate if the nipples are very damaged).

Fit:

Ensure that the shield you use is a good fit for both you and your baby – there are different sizes available. A poorly fitting shield is more likely to cause problems. Need to consider the size of the baby and the size of the mother's nipples and find the best compromise.

16mm - Preterm babies and small newborns, small nipple.

20mm - Small term newborns, medium nipple.

24mm - Larger newborns, older infants, large nipple.

A 'contact' nipple shield (recommended) has a cut away piece that allows baby's nose or chin to remain close to mum's breast. So baby smells mum and not plastic.

Preparation:

A warm wet shield sticks to the breast better – run the shield under warm water prior to use. Roll the wet, warm shield back about halfway down the shank of the shield. Applying a little water, breast milk or lanolin cream around the edge may help it adhere better to the breast. Roll the shield back onto the breast so the nipple is drawn into the teat of the shield.

Attachment:

Attachment technique is still important with a shield. Don't just poke the shield teat centrally into baby's mouth. Baby should be held close, mouth wide open and chin in contact with the breast.

Your baby should draw your nipple into the shield teat and be able to compress the ducts in the areola with his jaws and actively draw milk out of the breast. Look for signs of effective milk transfer.

Towards the end of the feed (when baby's swallowing slows) it is a good idea to use breast compression while baby suckles to increase the milk and fat transfer to the baby.

Offering baby both breasts at each feed will mean baby gets more milk.

The nipple shield is a projection of the nipple so, when the baby unlatches, it should look well rounded, just as though s/he had a good latch directly at the breast. You should see milk in the shield when baby comes off.

After feeding the baby using a shield, it's a good idea to express both breasts, for just a few minutes only, using an electric breast pump. Doing breast compression while you are expressing will cut down the amount of time you need to express.

Monitor feeding progress when nipple shields are used. The baby's weight will need to be monitored regularly too.

It's a good idea to keep an eye on baby's bowel movements and urine output while a nipple shield is being used as these give an indication of milk intake. Baby should have at about 3 tablespoon-sized yellow, grainy stools in 24 hours (after 5th day) and have at least six wet nappies.

If baby is discharged from hospital using nipple shields, his progress should be closely monitored by the community midwife or health visitor. She will support the establishment of breastfeeding without the shield, or refer to a breastfeeding clinic if there are any problems.

Try to attach the baby to the breast without the nipple shield. Continue to do this with each feed until the baby is able to latch-on without the shield.

Some babies need only one or two sessions with the nipple shields, while others may need more.

Care:

Wash the shield with hot soapy water, rinse with clean water, dry carefully and store in a clean container.

Weaning from a shield:

Be sure not to make this a battle with the baby or he will resist more. Don't obsess with weaning off the shield to the point that you are unhappy with breastfeeding.

Don't cut down a shield to wean a baby off it — this practice is no longer recommended.

As long as your baby is gaining weight well, then there is time to play with.

Keep trying as often as you can and give it some time. Some mums continue to use the shield for the duration of breastfeeding experience but most mums have taken anywhere from two days to about four to five weeks to completely wean from the shield.

Other ideas

'Re-birthing' via co-bathing can help to stimulate instinctive feeding behaviours in a baby that is not attaching.

Some families find that cranial osteopathy can be an effective intervention for babies with attachment difficulties.

Be patient while you work through this time of transition. Breastfeeding with a shield is still breastfeeding.

Association of Breastfeeding Mothers

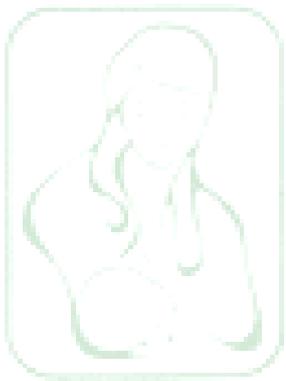
Helpline: 0300 330 5453

Enquiries: 08444 122948

Email: admin@abm.me.uk

ABM, PO Box 207, Bridgwater TA6 7YT

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