NIPPLE SHIELDS – USE OF IN POSTNATAL PERIOD

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

• AIM
  • A woman requiring a nipple shield is appropriately identified, educated and managed

• PATIENT
  • Mother and well baby whilst an inpatient or part of the Midwifery Support Program
  • Mother and well baby cared for by Midwifery Group Practice

• STAFF
  • Registered midwives
  • Student midwives under direct supervision of a registered midwife
  • Registered nurses
  • Enrolled/Endorsed Enrolled/Mothercraft nurses under supervision of a registered midwife

• EQUIPMENT
  • Silicon nipple shield
  • Clean container (with a lid)

• CLINICAL PRACTICE
  • Commence the Breastfeeding Assessment tool (found in the Maternal Care Plan) within 24 hours of birth
  • Implement a Feeding Plan for any mother experiencing breastfeeding difficulties
    o Encourage use of increased skin to skin contact
    o Facilitate baby led attachment
  • Provide babies with all available expressed breastmilk if they are not directly breastfeeding effectively
    o Demonstrate hand expressing techniques
    o Assist with the use of the electric breastpump as required
    o Refer to the appropriate local operating procedures to review alternative means of providing feeds and should any clinical indication for supplementary feeds present
  • Introduction of a nipple shield will only occur after the mother has commenced of Lactogenesis II i.e. the onset of a copious milk supply (Day 3-5). Significantly increasing amounts of expressible milk will be in evidence, as opposed to vascular congestion where the breast looks full but there are minimal secretions
  • Discuss rationale for shield usage with mother and gain verbal consent
  • Check shield size is appropriate. The diameter of the shield needs to fit comfortably over the mother’s nipple whilst not being too long for the baby’s mouth
  • Perform hand hygiene as per NSW Health policy
  • Wash shield prior to use with warm soapy water and rinse with clean water
Advise mother to wash her hands before commencing the feed
Suggest to mother to gently massage the breast and/or hand express to initiate milk flow
Demonstrate shield application to ensure it stays in place during the feed
  - Apply the shield by centring it on the nipple with the “brim’ turned up like a sombrero. Smooth down the brim onto the breast to help it stay in shape (as per diagrams below)²
Verbally guide attachment process
  - Keep fingers well back on outside rim of shield to position baby’s mouth opposite cone of nipple shield. When baby gaping widely bring baby to breast – chin first
Assess the feed visually to ensure the baby is positioned and sucking effectively (i.e. attached to the breast, not on the shaft of the shield)
  - Assess maternal comfort with feed
  - Assess nipple shape on detachment
Provide education to mothers on signs of effective and adequate milk transfer
Wash shield after use with warm soapy water, rinse, dry and store in a clean container (lid on)
Encourage mothers to express for a few minutes after several feeds each day
Assess mother’s understanding of the practical aspects of nipple shield usage
Provide written information (see Appendix 2)³
Document indication for use, feed and outcome, revise feeding plan as required
Organise with mother to assess a subsequent feed
Offer mother referral to Breastfeeding Support Unit as per Unit local operating procedure

**DOCUMENTATION**
- Maternal Care pathway
- Neonatal Care pathway
- Integrated clinical notes
- ObstetriX
NIPPLE SHIELDS – USE OF IN POSTNATAL PERIOD  cont’d

• EDUCATIONAL NOTES
  - The clinical goal of the nipple shield is to facilitate breastfeeding. It is generally seen as a temporary measure. It is used widely by health professionals and is freely available in many retail outlets. However there is a lack of studies investigating nipple shields and lactation. Therefore the introduction of this intervention needs to be carefully considered, managed and close follow up provided to avoid the potential for an adverse outcome.
  - Assessing the situation thoroughly, attempting to establish normal breastfeeding first and only introducing a shield as a last resort will avoid the situation of relaying a false message of breastfeeding success and safety to mothers.
  - Nipple shield usage has been documented for a variety of reasons including:
    - Anomalies in maternal or infant anatomy preventing optimum positioning and attachment
    - Breast refusal
    - To aid transition from bottle feeding to breastfeeding
    - Infants with neuromuscular issues
    - Prematurity
  - Commercial nipple shields vary widely in height and diameter. The shield used needs to match both the mother and baby’s anatomy.
    - A poorly fitting shield will not be effective leading to ineffective feeding, poor growth and decreased milk supply.
    - Incorrect placement may abrade an intact nipple or cause further damage to already grazed nipples
  - There will be problems with the milk moving through the shield if it is introduced too early i.e. before a good supply is demonstrated and the baby may breast refuse after a few feeds. Milk may continue to flow a little slower whilst the shield is in use and feeds may take longer to finish.
  - The use of ultra-thin nipple shields has decreased the possible risk of adverse outcomes. However, in the early weeks regular expressing after feeds will decrease the potential risk of:
    - milk stasis, engorgement, and/or mastitis
    - loss of supply
  - There is no need to sterilise the nipple shield after each use as long as it is washed well, rinsed and dried and stored in a clean container
  - Early follow-up within one to two weeks of commencing the shield by a health professional experienced in the use of nipple shields is important to organise. The health professional will review the situation, assess baby’s growth and development and assist the mother with weaning off the shield if possible

• RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP
  - NSW Health PD2010_058 Hand Hygiene Policy
  - Breastfeeding – Protection, Promotion and Support
  - Identification and Management of Babies at Risk of Delayed Establishment of Breastfeeding
  - Spoon and Cup Feeding – Alternative Feeding Methods in the Early Postnatal Period
  - Breastfeeding Support Unit
  - Supplementary Feeding of Breastfed Babies
REFERENCES


