

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

Ref: T25/36177

NAME OF DOCUMENT	NIPPLE SHIELDS – USE OF IN POSTPARTUM PERIOD
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN145
DATE OF PUBLICATION	June 2025
RISK RATING	Low
REVIEW DATE	June 2030
FORMER REFERENCE(S)	Nipple Shields- Use of in the postpartum period
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SUMMARY	The use of nipple shields can be helpful for mothers and babies with breastfeeding challenges.
Key Words	nipple shield, breastfeeding, postpartum, neonate,

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Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to describe the indications for the use of a nipple shield and the correct application and assessment of breastfeeding when using a nipple shield.

Definitions:

- Nipple shield: a thin silicone cover that a woman places over her nipple-areolar surface prior to breastfeeding. It is most often used to help the neonate attach to the breast¹
- Lactogenesis II : secretory activation phase, with the onset of a copious breastmilk supply (Day 3-5).

2 RESPONSIBILITIES

2.1 Lactation Clinical Midwifery/Nursing Consultant-

Assess, introduce, review and discuss the use of nipple shields in the implementation of a breastfeeding plan

2.2 Medical, Midwifery and Nursing Staff and Student Midwives under supervision-

Support breastfeeding mothers with uninterrupted skin to skin with neonate(s) and early referral to lactation services where appropriate. Assess review and discuss when a nipple shield is clinically indicated or introduced. Recognise and implement factors to support a mother to breastfeed a baby using a nipple shield.

3 PROCEDURE

3.1 Clinical Practice points

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Health and Safety

- Perform five moments of hand hygiene.
- Follow relevant SESLHD infection control standards of [Bare Below the Elbows](#) and [Cleaning blood and other body substance spills](#).

Clinical Assessment

- Review the written breastfeeding plan for a woman considering a nipple shield use who is experiencing breastfeeding difficulties.
 - Introduction of a nipple shield should only occur after the mother has commenced Lactogenesis II. See educational notes.
- Discuss rationale for nipple shield use with the woman and gain verbal consent.
- Provide woman with SESLHD fact sheet “Nipple Shields”
- Check nipple shield size is appropriate. The diameter of the nipple shield needs to fit comfortably over the woman’s nipple whilst not being too long for the neonate’s mouth.
- Suggest to woman 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 as outlined below:
 - Ensure nipple shield is clean before use
 - Invert nipple shield before placing shaft/cone centrally over nipple
 - Place until sealed with skin and nipple and breast tissue is drawn into nipple shield
 - Verbally guide attachment process
 - Keep fingers well back on outside rim of nipple shield to position neonate’s mouth opposite cone/shaft of nipple shield. When neonate gaping widely, bring to the breast with chin leading
- Assess the breastfeed to ensure the neonate is positioned and sucking/swallowing optimally as per sucking codes
- Ensure neonate is attached to the breast, and not on the shaft of the shield
- Assess maternal comfort with breastfeed
- Assess nipple shape on detachment
- Provide education to woman on signs of effective and adequate breastmilk transfer
 - The neonate will be observed rhythmically suckling and swallowing
 - There will be reassuring signs of milk transfer with breast changes, fullness and milk dripping when hand expressed

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- Wash shield after each use with warm soapy water. Rinse, dry and store in a clean container with the lid on
- Clinical practice with women who may require nipple shields should follow practice points in [Breastfeeding – Protection, Promotion and Support CBR](#):
 - Encourage frequent and unrestricted skin-to-skin contact, unrestricted and untimed breastfeeds, neonate-led attachment.
 - Assist with the use of the electric breast pump as required
- If neonate not directly breastfeeding effectively, provide neonate with all available expressed breastmilk. Refer to [Supplementary Feeding of Breastfed Babies in the Postnatal Period CBR](#)

Communication

- Assess woman's understanding of the practical aspects of nipple shield use
- Document changes in the written breastfeeding plan and in the electronic medical record:
 - Indication for nipple shield use
 - Feed assessment and outcome
- Assess subsequent breastfeeds daily
- Ensure the woman has follow up with Midwifery in the Home and written information on community and peer-to-peer support (e.g. Child and Family Health Centre and the Australian Breastfeeding Association)

Equipment

- Nipple shields:
 - Nipple shields provided in Newborn Care Centre (NCC) or postnatal services will come sterilized for first use. If the woman is using her own nipple shield, it must be sterilized prior to use
- Breast-pump (if required)

3.2 Documentation

- Maternal clinical pathway
- Neonatal care plan
- Breastfeeding Plan
- Electronic Medical Record (eMR)

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3.3 Education Notes

- Healthcare professionals recommend the use of nipple shields for various reasons including:
 - attachment difficulties¹, which include but are not limited to:
 - nipple anomalies
 - oral aversion
 - weak or disorganised suck
 - neonate with high or low tone
 - neonatal oral cavity problems, which include but are not limited to:
 - cleft palate
 - lack of buccal fat pads e.g. preterm or small for gestational age (SGA)
 - micrognathia
 - neonatal upper airway problems e.g. laryngomalacia, tracheomalacia
 - nipple damage²
- Lactogenesis II will be evident by significantly increasing amounts of expressible breastmilk on days 3-5, as opposed to vascular congestion where the breast looks full but there are minimal secretions²
- Nipple shields should be used judiciously, appropriately and with sufficient follow up to ensure the woman's breastfeeding goals are being met.
- Nipple shields may²:
 - supply oral stimulation that a neonate cannot obtain from the woman's nipples because of inability to attach or transfer breastmilk
 - create a nipple shape in the neonate's mouth
 - compensate for weak neonatal suction
 - present a stable nipple shape that remains during pauses in sucking bursts
 - maintain the nipple in a protruded position
 - affect the rate of breastmilk flow
- Nipple shields cannot²:
 - correct breastmilk transfer problems or weight gain if the woman has inadequate breastmilk volume
 - repair damaged nipples if the cause is not discovered and remedied
 - replace skilled intervention and close follow-up
- Nipple shields come in different sizes and shapes. The base measurement should allow the whole nipple to be drawn into it¹
- Expressing regularly in the early weeks decreases the potential risk of the following:
 - breastmilk stasis, engorgement, and/or mastitis
 - loss of supply
- The use of nipple shields has been associated with shorter duration of breastfeeding.³

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- Health professionals should be aware that the use of a nipple shield may be an easy but not necessarily supportive solution to the inexperienced woman who needs extra support in the early process of breastfeeding¹

3.4 Related Policies/procedures

- [Infection Prevention and Control in Healthcare Settings](#)
- [Breastfeeding in NSW Promotion, Protection and Support. PD2018_034 / NSW Health](#)
- [Breastmilk: Safe Management](#)
- [Care of infant feeding equipment within SESLHD facilities](#)
- [Breastfeeding – Protection, Promotion and Support](#)
- [Breastfeeding - Delayed Onset Lactogenesis II, Early Intervention and Management](#)
- [Breastfeeding Support Unit \(BSU\)](#)
- [Supplementary Feeding of Breastfed Babies in the Postnatal Period](#)
- [Rooming In for Healthy Babies](#)

3.5 References

1. Australian Breastfeeding Association (2023). Nipple Shields. Australian Breastfeeding Association. Retrieved October 4, 2023, from <https://www.breastfeeding.asn.au/resources/nipple-shields>
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3. Flacking R, & Dykes F. 2017 'Perceptions and experiences of using a nipple shield among parents and staff - an ethnographic study in neonatal units', BMC pregnancy and childbirth, 17(1) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5209800/pdf/12884_2016_Article_1183.pdf
4. Viviane S. Coentro, Sharon L. Perrella, Ching Tat Lai, Alethea Rea, Kevin Murray, and Donna T. Geddes.(2021) Impact of Nipple Shield Use on Milk Transfer and Maternal Nipple Pain. Breastfeeding Medicine.222-229. <http://doi.org/10.1089/bfm.2020.0110>
5. World Health Organization, 2018, Ten Steps to Successful Breastfeeding (revised 2018), viewed 5 October 2018, WHO, Geneva <http://www.who.int/nutrition/bfhi/ten-steps/en/>

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 NATIONAL STANDARDS

- Standard 5- Comprehensive care
- Standard 3- Preventing and Controlling Infections Standards

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
2001		Approved RHW Council
September 2004		Reviewed
12/10/2004		Endorsed Maternity Services Clinical Committee
1/10/2004		Approved Quality Council
April 2012		Obstetric LOPs Committee (reviewed by Lactation CNC) Previously Titled- Nipple shields- use of
17/5/2012		Approved Quality & Patient Safety Committee
February 2016		Reviewed and endorsed, Lactation Working Party

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March 2019		Quality & Patient Safety Committee
June 2025		RHW BRGC