

NIPPLE SHIELDS – USE OF IN POSTPARTUM 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.

1. AIM

- Appropriate use of nipple shield

2. PATIENT

- Postpartum woman and her neonate(s)

3. STAFF

- Midwifery and nursing staff
- Student midwives under supervision of a registered midwife
- Lactation Consultants - International Board Certified Lactation Consultants (IBCLC)

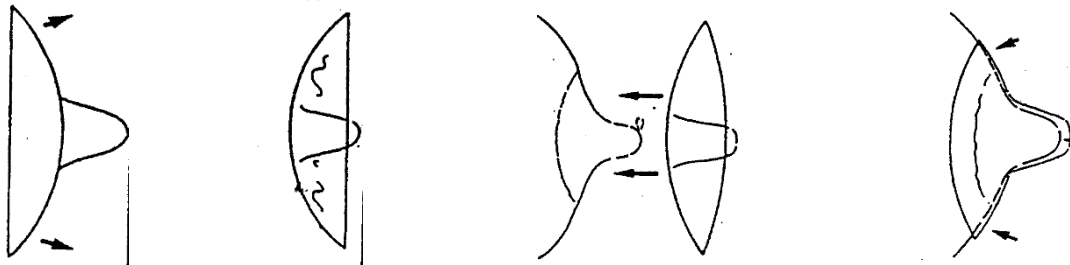
4. EQUIPMENT

- Silicone nipple shield - sizes: 20mm, 24mm
- Clean container (with a lid)

5. CLINICAL PRACTICE

- Commence the breastfeeding assessment on the maternal clinical pathway within 24 hours postpartum
- Implement a written breastfeeding plan for woman experiencing breastfeeding difficulties
- Encourage use of frequent and unrestricted skin-to-skin contact
- Encourage unrestricted and untimed breastfeeds
- Facilitate neonate-led attachment
- Provide neonate with all available expressed breastmilk if they are not directly breastfeeding effectively
- Demonstrate hand expressing techniques within six hours of birth
- Assist with the use of the electric breast pump as required
- Refer to Supplementary Feeding of Breastfed Babies in the Postnatal Period LOP, if required
- Discuss rationale for nipple shield use with the woman and gain verbal consent. Give woman SESLHD patient information “ Using Nipple Shields
https://www.seslhd.health.nsw.gov.au/sites/default/files/migration/SGH/services/wch/documents/Breastfeeding_NippleShields_SESLHD2014.pdf
- 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
- Perform hand hygiene prior to each breastfeed
- 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
 - Moisten nipple shield with expressed breastmilk
 - Invert nipple shield before placing shaft/cone centrally over nipple
 - Extend rim to normal structure
 - Ensure nipple and breast tissue is drawn into nipple shield

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- 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 visually to ensure the neonate is positioned and sucking/swallowing effectively
- 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
- Wash shield after each use with warm soapy water. Rinse, dry and store in a clean container with the lid on
- Encourage woman to express for a few minutes after several breastfeeds each day
- Assess woman's understanding of the practical aspects of nipple shield use
- Provide the woman with a written breastfeeding plan and give the SESLHD Patient Information Leaflet on Using Nipple Shields
https://www.seslhd.health.nsw.gov.au/sites/default/files/migration/SGH/services/wch/documents/Breastfeeding_NippleShields_SESLHD2014.pdf
- Document feeding plan in medical record
- Document the following in medical record:
 - indication for nipple shield use
 - feed assessment and outcome
 - revised feeding plan as required
- Provide ongoing assessment and support with subsequent breastfeeds
- Offer the woman a referral to the Breastfeeding Support Unit (BSU)
- Ensure the woman has written information on community and peer-to-peer support (e.g. Child and Family Health Centre and the Australian Breastfeeding Association)

6. DOCUMENTATION

- Maternal clinical pathway
- Neonatal care plan
- Medical record

7. EDUCATIONAL NOTES

- Nipple shield use by breastfeeding women has been mentioned in medical literature since the 1500's. Appropriate use of a nipple shield remains a controversial topic among lactation professionals.

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- Healthcare professionals recommend the use of nipple shields for various reasons including:
 - attachment difficulties, which include but are not limited to:
 - nipple anomalies
 - birth trauma
 - 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 damage
- A nipple shield is a thin silicone device that a woman places over her nipple-areolar surface prior to breastfeeding. It is most often used to help the neonate attach to the breast.
- Introduction of a nipple shield will only occur after the mother has commenced Lactogenesis II i.e. secretory activation phase, with the onset of a copious breastmilk supply (Day 3-5). This will be evident by significantly increasing amounts of expressible breastmilk, as opposed to vascular congestion where the breast looks full but there are minimal secretions.
- Nipple shields should be used judiciously, appropriately and with sufficient follow up to ensure the woman's breastfeeding goals are being met.
- 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.
- Nipple shields may:
 - 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 cannot:
 - 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 many sizes and different shapes. Whilst there is no generally agreed upon guideline to select the correct size, the height of the nipple shield should not be greater than the distance from juncture of hard and soft palate to the neonate's lips. The base measurement should allow the nipple and a good portion of the breast tissue below the nipple to be drawn into it.
- 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.
- 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 breastfeeding.

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8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- NSW Health PD 2017_013 Infection Prevention and Control Policy
- Breastfeeding in NSW Promotion, Protection and Support. PD2018_034 / NSW Health
- NSW Government Health. 2010, Maternity - Breast Milk: Safe Management PD2010_019
NSW Health NSW Department of Health
- Care of infant feeding equipment within SESLHD facilities SESLHDGL/063
- 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

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Standard 5 – Comprehensive care

11. REFERENCES

1. Australian Breastfeeding Association Nipple Shields, 2016, ABA, South Melbourne
<https://www.breastfeeding.asn.au/bfinfo/nipple-shields>
2. Chow S, Chow R, Popovic M, Lam H, Merrick J, Ventegodt S, Milakovic M, Lam M, Popovic M, Chow E, Popovic J. 2015, 'The Use of Nipple Shields: A Review', *Frontiers in public health*, 3, 236 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4607874/pdf/fpubh-03-00236.pdf>
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. NSW Government, South Eastern Sydney Local Health District, 2018, *Fact sheet: Nipple Shield*, South Eastern Sydney and Illawarra and Shoalhaven Local Health District.
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/>

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs 8/3/19 – previously titled *Nipple Shields – use of in postnatal period*

Approved Quality & Patient Care Committee 3/3/16

Reviewed and endorsed Lactation Working Party February 2016

Approved Quality & Patient Safety Committee 17/5/12

Obstetric LOPs Committee April 2012 (reviewed by Lactation CNC)
(previously titled *Nipple Shields – Use of*)

Approved Quality Council 1/10/04

Endorsed Maternity Services Clinical Committee 12/10/04

Reviewed September 2004

Approved RHW Council 25/6/01

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