

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.

DEFINITION

- A nipple shield (NS) is a thin silicone device that a mother places over her nipple-areolar surface prior to breastfeeding. It is most often used to help the baby latch onto the breast (1).

1. AIM

- Woman requiring a nipple shield after attempts to establish normal breastfeeding are identified, educated and managed appropriately
- Midwives or CMC Lactation to provide an adequate assessment prior to providing a nipple shield.
- Implementation of a nipple may assist women who are experiencing attachment difficulties. This may be due to newborn oral –facial oral motor anatomy; small, weak or sick infants; unwell infants who have difficulty latching on to the breast.
- Introduction of a nipple shield can only be endorsed if Lactogenesis II is established.
- Promote and sustain breastfeeding by ensuring that nipple shields are only implemented when milk is flowing (from day 3 onwards) and the nipples are not damaged.

2. PATIENT

- A woman and well-baby whilst an inpatient or part of the Midwifery Support Program
- A woman and well-baby cared for by Midwifery Group Practice
- A woman and late pre term baby

3. STAFF

- Registered midwives
- Student midwives under direct supervision of a registered midwife
- Registered nurses under supervision of registered midwife
- Enrolled/Endorsed Enrolled / Mother craft nurses under supervision of a registered midwife

4. EQUIPMENT

- Silicone nipple shield- (sizes: 16mm, 20mm, 24mm)
- Clean container (with a lid)

5. CLINICAL PRACTICE

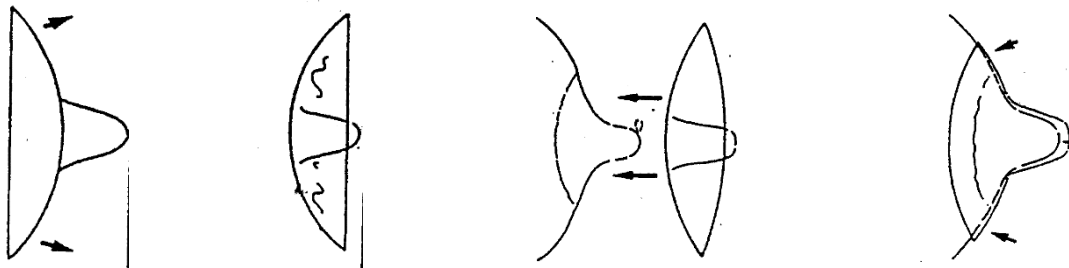
- Commence the Breastfeeding Assessment tool (found in the Maternal Clinical Pathway Normal Vaginal Delivery/ Caesarean Section) within 24 hours of birth
- Implement a written Breastfeeding Plan for any woman experiencing breastfeeding difficulties
 - Encourage use of frequent/ unrestricted skin to skin contact
 - Encourage unrestricted, untimed breastfeeds
 - Facilitate baby led attachment
- Provide babies with all available expressed breast milk if they are not directly breastfeeding effectively
 - Demonstrate hand expressing techniques within 24 hours of birth
 - Assist with the use of the electric breast pump as required
 - Refer to Cup and Spoon Policy
- Introduction of a nipple shield will only occur after the mother has commenced Lactogenesis II i.e. secretory activation phase / the onset of a copious milk supply (Day 3-5).

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- 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 nipple shield usage with the woman and gain verbal consent. Check nipple shield size is appropriate. The diameter of the nipple 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 Hand hygiene policy (2)
- Wash nipple shield prior to use with warm soapy water and rinse with clean water
- Advise the woman 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
 - Ensure nipple shield is clean before use
 - Moisten nipple shield with expressed breast milk
 - 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



- Verbally guide attachment process
 - Keep fingers well back on outside rim of nipple shield to position baby's mouth opposite cone/shaft of nipple shield. When baby gaping widely bring baby to the breast – chin leading
- 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 and sucking/swallowing)
 - 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 woman's understanding of the practical aspects of nipple shield usage
- Provide the woman with written plan and give the NSW Health Patient Information handout on Using Nipple Shields(3)
- Place copy of plan in woman's Integrated notes
- Document indication for use, feed assessment and outcome, revise feeding plan as required
- Organise with woman to assess a subsequent feed
- Offer the woman referral to Breastfeeding Support Unit as per policy.
- Ensure the woman has written information on Community and peer to peer support(i.e. Child and Family Health Centre and the Australian Breastfeeding Association)

6. DOCUMENTATION

- Maternal Care pathway
- Neonatal Care pathway
- Integrated clinical notes
- ObstetriX

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7. EDUCATIONAL NOTES

- The clinical goal of the nipple shield is to facilitate breastfeeding. The introduction of a nipple shield needs to be carefully considered their use should be limited to situations where all other avenues of treatment have failed. If a nipple shield is required, the woman should be referred to the senior midwife or CMC Lactation who has expertise in their use (4).
- Management and close follow up are required and provided to avoid the potential for an adverse outcome (3, 5, 6)
- Nipple shields are recommended to mothers with flat nipples/ inverted nipples or in situations where there is difficulty of the infant effectively latching onto the breast within the first 2 days postpartum (6).
- Prompt assessment is required to establish normal breastfeeding; introduction of a nipple shield should be managed as a last resort. To avoid the situation of relaying a false message of breastfeeding success and safety to new mothers(6)
 - Encourage and promote breastfeeding include strategies such as increased skin to skin contact, infant-led attachment and frequent expressing of breast milk are implemented(5)
- Nipple shield usage has been documented for a variety of reasons including (3, 5,6,7):
 - 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 nipple shield used needs to match both the mother and baby's anatomy (5)
 - A poorly fitting shield will not be effective leading to ineffective feeding, poor growth and decreased milk supply (7)
 - Incorrect placement may abrade an intact nipple or cause further damage to already grazed nipples (5)
- Issues with milk flow through the shield can impact, if 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(5)
- Using ultra-thin nipple shields has decreased the possible risk of adverse outcomes
- Expressing regularly in the early weeks decreases the potential risk of the following (7)
 - milk stasis, engorgement, and/or mastitis
 - loss of supply
- Wash the nipple shield after each use, rinse, dry and store (Refer to Expressed milk – Cleaning and Lactation equipment policy) in a clean container
- Early support and follow-up within one to two weeks of commencing the nipple shield by senior midwife or CMC Lactation needs to be arranged. The health professional will review the situation, assess baby's growth and development and assist the mother with weaning off the nipple shield if possible

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- NSW Health PD2010_058 Hand Hygiene Policy
- Breastfeeding – Protection, Promotion and Support
- Breastfeeding- Risks of Delayed Onset Lactogenesis II, Early intervention and management
- Spoon and Cup Feeding – Alternative Feeding Methods in the Early Postnatal Period
- Expressed Breast milk- Cleaning of Lactation Equipment in Postnatal Areas
- Breastfeeding Support Unit
- Supplementary Feeding

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9. RISK RATING

- Medium

10. NATIONAL STANDARD

- Standard RH – Reducing Harm

11. REFERENCES

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2. NSW Health PD2010_058 Hand Hygiene Policy Available from: http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_058.pdf
3. Fact sheet: NSW Government Health SESLHD Using Nipple Shields [Internet] South Eastern Sydney and Illawarra Shoalhaven Local Health Districts; July 2014 2014 July [updated 2014 July; cited 2016 Jan 12]. Available from: http://www.seslhd.health.nsw.gov.au/rhw/Patient_Leaflets/Breastfeeding/English%20SESLHD%20Leaflets/NippleShields.pdf
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REVISION & APPROVAL HISTORY

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