USING NIPPLE SHIELDS

Sometimes the use of a nipple shield may be the only way of maintaining breastfeeding. Nipple shields are made of thin, clear silicone and allow a baby to feed from the breast.

The use of a nipple shield is usually temporary. Your nipple will soften and lengthen over time and you and your baby will also become more skilful at breastfeeding. Your health care professional can show you how to use them.
To use a nipple shield you must have:

- A good milk supply.
- A good breastfeeding technique.
- Ability to assess if your baby is getting milk.

How to Use

1. Express a small amount of milk into the cone of the nipple shield, moistening the rim of the shield with breast milk may help adhere the shield to your breast

2. Apply the nipple shield centrally over the nipple (you can moisten the rim with breast milk to help it stick on). It should be stable and not slip up and down.

3. Position yourself so you and your baby are facing each other with your baby's chest to your chest.

4. Wait for the moment when your baby opens their mouth wide, like a yawn, before you bring your baby to the breast.

5. Keep your fingers away from the outside rim of the nipple shield to give your baby plenty of room to attach.

6. Ensure that your baby's mouth is wide around the nipple shield so the chin and tongue action stimulate the ducts behind the nipple.

7. Check that your baby's mouth is wide open and that the lips are not just on the teat part of the nipple shield.

Feeding Tips

- It should look like your baby is feeding straight from the breast, as if the shield is not there.
- When your baby has finished feeding and releases the breast, milk should be visible in the nipple shield.
- If you think that your baby did not feed well, you may need to hand express or use a breast pump to obtain more milk.

Cleaning

After use: Rinse in cold water, wash in warm, soapy water.
Force water through the holes to remove milk residue. Rinse again in cold water.

In hospital: Your nipple shield will be replaced every 24 hours.

At home - sterilise once a day: Either by boiling in water for three minutes, steam sterilisation (microwave/electric), or by immersing in a cold chemical sterilising solution.

Storage: Dry and place in a clean, dry container with a lid

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Returning To Direct Breastfeeding

If you are using a nipple shield when you leave the hospital you will be referred to your Child and Family Health Centre for breastfeeding support.

If you decide to try feeding baby without the nipple shield, try these tips :

- Choose a time of day when both you and baby are relaxed.
- Attach your baby as you have been doing using the shield
- Feed for a short time (a few minutes) and wait for good, strong sucking.
- Remove the shield and try to position baby directly onto your breast.
- Repeat the above steps several times as needed.
- Success may take some time and patience. If you or your baby gets upset try again later.

Occasionally, some women need to use a nipple shield for a longer period of time. Continue to use it if you and your baby are happy, your baby is thriving and breast milk supply is maintained.

Issues When Using Nipple Shields

- Decreased milk supply may result from reduced breast stimulation. If this happens, feed more often.
- Infection can occur due to poor cleaning of nipple shield. Clean and store as suggested.
- Your baby will only breastfeed with the shield in place.
- Although nipple shields may be used in the case of sore, grazed or cracked nipples, care needs to be taken. Ensure the shield is positioned correctly and focus on correcting your breastfeeding technique to prevent further damage.

Reference:
www.seslhd.health.nsw.gov.au
Guidelines for using Nipple Shield 2009

For more information speak with your Midwife / Nurse / Lactation Consultant

Or contact an Australian Breastfeeding Association counsellor on **1800 686 2 686** (free call from a landline).
If you require a translator to do this, call the Translating and Interpreting Service (TIS) on **131 450** and give them the telephone number listed above Area Lactation Group May 2009

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