

NIPPLE SHIELDS

We want you to be successful in breastfeeding. Sometimes it is difficult for your baby to latch at first without some direction. You have been given a nipple shield for the following reason:

- _ Inverted nipples- the nipple actually is held beneath the surface of the breast and does not protrude so that the baby can latch after stimulation or rolling.
 - _ Flat nipples- the nipple does not protrude so that the baby can latch.
 - _ Nipple is very soft and does not protrude so that baby can latch
 - _ Your nipple is very sore to the point that you are tempted to give up on breastfeeding.
 - _ Your baby has difficulty in opening his/her mouth to latch onto the breast properly.
 - _ Baby has been using plastic nipples and now is moving back to the breast.
 - _ The baby's initial latch and suckling is challenged by weak, disorganized, or dysfunctional suck.
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Your goal is to breastfeed your newborn and to have a successful experience.

Caution must be used with the use of the nipple shield due to:

- Use of breast shields has been shown to lead to a decrease in milk supply of the breastfeeding mother
- Use of the shield may decrease the confidence of the mother.
- Baby may develop nipple confusion and think that milk comes from plastic nipples.

Therefore, it is recommended that nipple shield be used only for very **short-term use** and should be followed up by a lactation consultant during the first few weeks after your delivery.

Instructions for use

1. Prior to use of shield try these alternative measures:

- For Inverted or flat nipples
 - a. Before each feeding roll and shape the nipple. This is called a Hoffman technique and is done by using the forefinger and thumb placed at the base of the nipple.

Press your finger and thumb toward the breast tissue. This may evert the nipple.

Mother can hold this position until the baby latches and draws the nipple into the baby's mouth.

- b. Pump with either a hand pump or electric pump briefly before each feeding to pull nipples out.
 - c. Wear breast shells between feedings to assist with persistently flat nipples.
- Difficulty or failure of baby to latch onto breast
- a. Use incentives at breast to promote latch such as dribble breast milk or formula on mother's nipple. Or use a starter SNS available from a lactation consultant.
 - b. Either parent may wish to establish appropriate nutritive suckling patterns with finger feeding.
2. Remember that your baby can shape the nipple with his/her sucking over time.
 3. If you are using for extremely sore, bleeding nipples, remember that the shield is a temporary relief and a wide-mouth latch will be necessary to relieve the soreness in the future.
 4. Keep track of baby's wet and soiled diapers to know that baby is getting enough milk.
 5. Keep the shield clean by washing with hot soapy water after each use. The nipple shield may be transferred to the second breast during one feeding before cleaning.
 6. ***Follow-up with a lactation specialist or consultant*** by calling the Birthing Center (463-5940), Mercy Medical Center OB unit (463-5250) or lactation consultant (453-5259 Office or 880-4643 Cell).

To stop using the nipple shield:

- _ Begin feeding with the shield.
- _ As the baby moves into a rhythmic sucking pattern, place a clean finger into the baby's mouth to break the latch. Remove baby from the breast; remove the shield and quickly place baby back onto the breast for feeding. It may take several feedings but the baby will realize that milk comes from the breast and not the shield and will then not need the shield.