

Maternity Services

Nipple Shields – A Patient Guide

A nipple shield is a flexible nipple, usually made of silicone (but also rubber or latex), that is worn over the mum's nipple during feeding. A silicone nipple shield is usually the best to use, as it is clearer and thinner than others. There are some nipple shields that allow for more skin-to-skin contact than the typical ones which are called cutout nipple shields. Cut out nipple shields can be bought from health stores / online.



Why are nipple shields not generally recommended?

A shield should generally *not* be used during the first 2-3 days (or until the “milk comes in”) after birth unless there is an obvious problem, such as [prematurity](#) or [difficulty latching](#) due to some physical characteristic of the baby and / or mother. Please ask for advice from your midwife if you are unsure.

The reasons for this are:

- Milk transfer to baby is reduced.
- The breast does not receive the same kind of stimulation that it does when a baby sucks directly on the breast, and this will lead to a reduced milk supply.
- Nipple shields may interfere with proper attachment.
- Mum may be at higher risk of plugged ducts, engorgement and mastitis.
- It can be difficult to wean from the shield as baby learns how to latch on the nipple shield.
- Mum may lose confidence.

When are nipple shields recommended?

Nipple shields should be used only after other interventions have been tried.

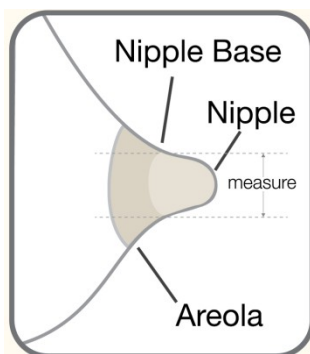
Before using a nipple shield, ensure that:

- Positioning and attachment have been checked.
- Exaggerated technique or “breast sandwich” technique (involves the gentle compression of breast tissue to provide the appropriate filling of the infant's mouth with breast tissue to elicit the sucking reflex) have been considered.
- A laid back position has been tried.
- A hospital-grade electric pump has been used to draw out flat or inverted nipples.

- Breastmilk has been expressed 8-10 times in 24 hours to maintain milk supply.
- Cup feeding or syringe feeding has been considered.
- Skin-to-skin time has been increased.

Remember: Most breastfeeding situations involving a healthy, full-term newborn, as well as some more challenging situations involving prematurity, neurological problems, or birth injuries, may respond to interventions that avoid nipple shield use.

How to Use a Nipple Shield



It is essential to use the correct size nipple shield to enable effective milk-transfer. To ensure you purchase the correct size shield you must measure the *nipple diameter* (see picture) and chose the right size according to the manufacturer.

For most full term babies a large size shield will be appropriate as this enables the baby to suck on the nipple shield teat and draw up breast tissue as well as nipple in to the teat, improving milk transfer.



Flip up the rim of the nipple shield, until you have turned up about half of the nipple teat – as if you are trying to turn it inside-out, but stop halfway.



Position the “teat” of the shield over the nipple, using one finger to close the holes in the shield.



Roll the rim of the shield back down, while still holding the holes closed with a finger.



This creates a slight vacuum that draws the nipple up into the shield's tip. This will make it easier for baby to latch deeply.

Alternatively you can put the nipple shield on using a different technique, explained and illustrated below



With your thumb push the teat of the nipple shield downward until partially depressed.



Place the nipple shield on the breast centrally on the nipple and apply a gentle pressure onto the breast while sliding the fingers outward



It is important to create a vacuum while applying the shield in order to draw the nipple up into the shield's tip.

Make sure baby is latched on properly.

Correct latch

Poor latch

Nipple shields need to be cleaned and sterilized prior to first use. After use, clean with hot soapy water, rinse, dry thoroughly and store in a clean and dry container.