



TEN STEP TUESDAY

Nipple Shields...Part One

It's Ten Step Tuesday!

All About Nipple Shields...Part One

Breasts and nipples come in all shapes and sizes. While breast size and shape seldom affect a mother's ability to produce milk, nipple size and shape can make breastfeeding easier or harder for some babies.

In some situations, a nipple shield may assist the infant in achieving areolar grasp latch and effectively transferring milk. However, when mismanaged, nipple shields have the potential to reduce milk transfer at the breast which can impact a mother's milk supply. For this reason, nipple shields should not be routinely used to treat latching problems, or to prevent or manage sore or cracked nipples. Nipple shields should be used in conjunction with a lactation consultant's assessment and after other attempts to correct the difficulty have failed.

When might we consider using a nipple shield?

- Difficulty achieving or maintaining an effective latch, after 24 hours. (Hand expressing colostrum and spoon feeding is a great place to start when babies aren't latching!)
- To compensate for a weak or disorganized infant suck (ie: preterm infants)
- In cases of breast refusal, bottle nipple preference or when the mother is at risk for early termination of breastfeeding due to breastfeeding challenges (AKA the last ditch effort/intervention!)

How to size

Using the correct size shield is important. The base diameter should fit the base of mom's nipple. The teat should be the shortest height necessary for fit. Smaller sizes are generally more appropriate for preterm infants, while larger sizes may be more appropriate for term infants or older babies. Compromise to find the best fit for the dyad.

How to apply

Proper placement of the nipple shield helps will improve milk transfer with the shield. Moisten shield with warm tap water to make it more pliable and to help it adhere to the breast. Center the tip of the shield over mom's nipple, and turn the shield slightly inside out. Apply shield by slightly inverting, placed over nipple, pull edges outward. See the video link below:

<https://youtu.be/f1dl6-ZELHY>



good latch



poor latch

For more information contact

Cara Gerhardt, BSN RN IBCLC, coordinator@high5kansas.org