



TEN STEP TUESDAY

Step 9: Counseling Around Use/Risks of Artificial Nipples

It's Ten Step Tuesday!

This week is the 9th in a series on each of the Ten Steps to Successful Breastfeeding that form the foundation of the Baby-Friendly Hospital Initiative.



STEP 9 – Counsel mothers on the use and risks of feeding bottles, artificial nipples, and pacifiers.

Rationale:

- Proper guidance and counseling of mothers and other family members enables them to make informed decisions on the use or avoidance of pacifiers and/or feeding bottles and artificial nipples until the successful establishment of breastfeeding.
- WHO guidelines do not call for absolute avoidance of feeding bottles, artificial nipples and pacifiers for term infants, however there are a number of reasons for caution about their use.

Implementation Guidance:

- It is important that staff do not become reliant on artificial nipples as an easy response to suckling difficulties instead of counseling mothers and enabling babies to attach babies properly and suckle effectively.
- It is important that the facility staff ensure appropriate hygiene in the cleaning of these utensils, since they can be a breeding ground for bacteria. Facility staff should also inform mothers and family members of the hygiene risks related to inadequate cleaning of feeding utensils, so that they can make informed decisions on the feeding method.
- The physiology of suckling at the breast is different from the physiology of suckling from a feeding bottle and an artificial nipple. It is possible that the use of the feeding bottle and an artificial nipple could lead to breastfeeding difficulties, particularly if use is prolonged.

References: Above text from the 6th Edition of the BFUSA Guidelines & Evaluation Criteria. Baby-Friendly-GEC-Final.pdf (babyfriendlyusa.org)

For more information contact

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Pacifiers:

- Pacifiers have long been used to soothe an upset infant. In some cases, they serve a therapeutic purpose, such as reducing pain during procedures when breastfeeding or skin-to-skin contact are not possible. Pacifiers have also been shown to reduce the risk of SIDS, even among breastfeeding infants.
- However, if pacifiers replace suckling and thus reduce the number of times an infant stimulates the mother's breast physiologically, this can lead to a reduction of maternal milk production. The use of artificial nipples or pacifiers may interfere with the mother's ability to recognize feeding cues. If the use of a pacifier prevents the mother from observing the infant's smacking of the lips or rooting towards the breast, she may delay feeding until the infant is crying and agitated. Therefore, recommending to parents that they delay pacifier introduction until breastfeeding is well established supports breastfeeding while reducing the risk of SIDS and helps parents understand appropriate timeframes for introducing pacifiers.

Special Circumstances:

- Before a preterm infant is ready for nutritive PO feeding, non-nutritive sucking and oral stimulation may be beneficial until breastfeeding is established. Non-nutritive sucking or oral stimulation may involve the use of a pacifier, a gloved finger or an "empty breast." NOTE: If a preterm infant is in the room with the mother, oral stimulation should always be done by placing baby at the breast.
- Evidence demonstrates that use of feeding bottles with artificial nipples may interfere with learning to suckle at the breast. When NICU infants are ready for PO feeds and direct breastfeeding is not possible, feeding methods such as cups or spoons are preferable to feeding bottles and artificial nipples, until breastfeeding is better established.

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