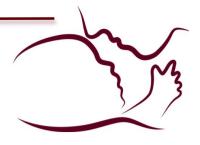
Using a Nipple Shield



Nipple shields have a mixed reputation. Some say they cause more problems that they solve. Others say that when used properly they can salvage a difficult breastfeeding situation. Your lactation consultant will recommend when they may be helpful, how long to use them, and how to discontinue using them.

Indications for use

- Flat or inverted nipples
- Soft or flat nipples after delivery
- Premature or late pre-term baby
- Tongue tie
- · Baby unable to maintain a latch
- Breast refusal
- Engorgement
- Sore, cracked bleeding nipples
- Slow down and regulate flow from over-active let-down
- Wean a baby from bottle to breast
- Relactation (re-starting breastfeeding after an interruption of breastfeeding) or induced lactation (breastfeeding an adoptive baby)

The pros:

- Encourages your baby to feed at the breast
- Allow a weak baby to maintain suction at the breast
- Instant fix for difficult problems
- Newer silicon shields allow full flow of milk

The cons:

- Barrier between you and your baby
- Less stimulation to the breast
- Your baby may get used to the shield
- Too easily used incorrectly



Full shield

Good for infants who collapse the

cut-away nipple shield during suckling



Cut away shield Good for the infant to smell the mother's areola

Choosing the correct size of the nipple shield

First consider the size of your babies' mouth, then consider the size of your nipples.

Modify the size to accommodate your nipples, if needed...

Extra small 16 mm Pre-term babies and small newborns

Small 20 mm Small term newborns

Normal 24 mm Normal and large newborns, older infants

How to use the shield

- Roll the shield back about half way down the shank of the shield.
- Apply to nipple. You may apply lanolin, breast milk, KY jelly or water to help the shield adhere to the breast.
- Roll the shield back onto the breast so the nipple is pulled into the shank of the shield.
- May stretch shield to accommodate the nipple. May warm in water to make more flexible.
- Latch the infant on by tipping his head back, touch the shield above the baby's upper lip and allow baby to take it deeply.
- Assure the infant's lips are at the base of the shield, not slipping back and forth.
- You may pre-fill the shield through the holes in the tip with a periodontal syringe so the baby gets an instant reward.
- Wash the shield and air dry, may be boiled if desired.

Other considerations

- Start pumping for extra stimulation if the baby does not empty the breast well.
- Closely monitor feeds, baby's output (number of wet and dirty diapers), and weight.
- Notify your pediatrician that you are using a nipple shield.
- Plan for follow-up to either wean from the shield or work on maintaining/ establishing a good milk supply.
- To wean from the shield, start the feeding with the shield in place, then remove. If not successful, try again the next feeding. Coax your baby, and be persistent.





Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this program.

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