East of England Neonatal ODN
(Hosted by Cambridge University Hospitals)

Clinical Guideline: Using a Nipple Shield

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For use in: EoE Neonatal Units
Guidance specific to the care of neonatal patients.

Used by: All staff caring for babies and supporting within neonatal services

Key Words: infant feeding, breastfeeding, nipple shields

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Neonatal Clinical Oversight Group	
Clinical Lead Sajeev Job	

Ratified by ODN Board:

Date of meeting	

Equality, Diversity & Inclusivity Statement

This guideline document aims to meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It considers the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document ensures that no one receives less favourable treatment on the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. The East of England Neonatal ODN advocates due regard to the various needs of different protected equality groups in our network.

The East of England Neonatal ODN acknowledges the additional challenges that gender identity can have, specifically around the perinatal period and regarding infant feeding. We are aware that there is not yet universal language that addresses all families accessing maternity and neonatal care. We refer to breastfeeding and breastmilk but recognise terms such as chestfeeding, bodyfeeding, nursing, lactation, or providing human milk may be preferable for and accurate to some of the families we support. We support mothers to express their breastmilk and to breastfeed their babies, but we also understand that not all birthing parents will identify as women or as mothers. We will always use the individual's preferred language, name, pronouns or terminology that they most comfortable with, as we recognise the importance of providing inclusive and respectful perinatal information and support to all pregnant women, pregnant people, mothers, parents and families.

1. Breastfeeding

The EoE Neonatal ODN acknowledges the breastfeeding benefits for both baby and mother. Therefore, it is important to provide qualified and high-quality support to families in terms of breastfeeding. Establishing breastfeeding on a neonatal unit has unique challenges due to prematurity, low birth weights, illness, and various other congenital and acquired complexities. Therefore, the introduction of any alternatives to direct breastfeeding, including nipple shields, requires a sound rationale. Due to the multifaceted medical / surgical diagnoses supported within a neonatal unit, there should be a low threshold for liaison with the multi-disciplinary team for specialist feeding assessment and supportive care planning, whether a nipple shield is indicated.

Before the introduction of a nipple shield, a comprehensive breastfeeding assessment should be carried out by a healthcare professional with up-to-date training (on the Baby Friendly Initiative Neonatal Standards), supporting the baby to feed directly at the breast (1, 2). Nipple shields should only be used when certain criteria are met, as indiscriminate use risks a reduction in breastmilk supply and breastfeeding duration (3).

If a nipple shield is indicated, the feeding team should then go on to support positioning, attachment, and maintenance of breastmilk supply, documenting and sharing the plan with the inpatient team, community team and multidisciplinary team as relevant (maternity, neonatal and health visiting infant feeding teams, local breastfeeding support group, IBCLC lactation consultant, speech and language therapist, etc).

2. Definition

Nipple shields are a "*thin, flexible silicone aid that are placed over the areola and nipple prior to breastfeeding*" (4) that can aid *some* babies in latching to breastfeed effectively and prevent early breastfeeding cessation (5) so that mothers are able to attain their breastfeeding goals. There are several sizes available on the market, from small to large (see Appendix I).

3. Cleaning

Before use, nipple shields must be:

- thoroughly washed in warm, soapy water and rinsed
- dried and stored
- sterilised just before use as per Trust's policy.

4. Possible indications for the use of nipple shield

a. Baby unable to achieve or maintain attachment (9)
b. Soft, flat or inverted nipples – only when persistently non-protractile and attachment not achieved (9, 10)
c. Babies with reduced endurance due to e.g. jaundice and infection only
d. Premature or late preterm – weak suck, baby size/nipple size incompatibility (8, 10)
e. Restricted lingual frenulum (tongue tie) (10)
f. Bottle teat-flow preference (10)
g. Sore, cracked, or bleeding nipples where latching causes pain (10)
h. Bottle-feeding baby transitioning to the breast (10), including re-lactation or induced lactation (adoptive breastfeeding) (11, 12)
i. Congenital conditions (e.g., mild laryngomalacia, tracheomalacia, cleft palate, micrognathia) (7)
j. Compromised baby (e.g. HIE)

Recommendation: *It is important to recognize for the above points i) and j) although a shield may improve the latch and therefore sucking coordination, there is also potential increased risk of unsafe swallow with improved milk transfer. Therefore, it is* ***strongly advised*** *that a Neonatal Speech & Language Therapist is involved in the assessment of feeding and subsequent decision making for these babies due to significant risk.*

5. Choosing a Nipple Shield

There are various lengths, diameters, and styles of nipple shields on the market, which units may stock and/or recommend for mothers to purchase themselves. An inappropriate choice can mean that the nipple shield is an ineffective tool. Choosing the shortest length and smallest diameter that is **comfortable** for the mother is required to adapt to small mouths, avoiding triggering of a gag reflex, and ineffective latch and transfer. Modern, thin shields aim to provide stimulation to trigger prolactin release, some with "cut away" areas for skin-to-skin contact (10) (See Appendix I).

6. Application by mother

6.1. Wash hands.
6.2. Moisten the inner aspect of the wings of the nipple shield, which will enable a better adherence and helps with milk ejection. While this can be done with sterile water, the mother could also hand express some milk into the shield tip and smear milk around the inner part of the wings to help it to stay in place and to avoid too high a vacuum (6, 8). Furthermore, hand expressing at this stage will initiate milk ejection (let down), which will ensure an instant reward on latching and promote active feeding.
6.3. The mother can roll her nipple between thumb and forefinger to stimulate the nipple to protrude before applying the shield. The mother might prefer to use the breast pump or other devices to encourage protrusion.

6.4. Demonstrate and encourage hand expressing prior to latching.
6.5. The mother should stretch the wings and invert the shield to almost inside out and then grip the wings (Figure 1).

Fig. 1 – How to apply a nipple shield (16).

6.6. Continuing to stretch the wings, place the inner base of the shield around the nipple. Then, smooth the wings of the shield over the areola.
6.7. This will draw the mother's nipple into the shield, ensuring a better fit and creating vacuum, minimising the baby's effort on latching (6, 13, 16).
6.8. Demonstrate continuous breast compressions during bursts of active sucking – this promotes active feeding, improves milk transfer, and can reduce the risks of milk stasis, plugged ducts, and mastitis (6, 13).

7. Correct attachment

7.1. As with direct breastfeeding, ensure that the CHINS principles are followed. A wide gape and an asymmetrical latch should be promoted. This ensures that the baby takes the "nipple" area of the shield as fully into their mouth as possible, so that it reaches the juncture of the hard and soft palate, with the baby's lips against the base, preventing sliding.

7.2. Baby is close, with their mouth wide open and chin in contact with the breast.

Fig. 2 – Good attachment with nipple shield (7)

Fig. 3 – Ineffective attachment (7)

7.3. The baby's chin should be moving deeply, which indicates active swallowing and may be audible.
7.4. When active sucking slows and any audible swallows have slowed/stopped, the mother can commence breast compressions. This gentle pressure on the milk ducts should increase the flow of milk and encourage the baby to resume sucking and swallowing.

Once the baby has resumed active feeding, the mother can maintain the compression, releasing the pressure when the baby stops to breathe, then compress and maintain again throughout each burst of sucking/swallowing. Due to the increase of milk flow, this technique can increase milk supply, promote active feeding, and increase milk transfer, including fat that is more easily removed as a breast is softened.

7.5. Assess baby's cues during the feed, offering the other breast if indicated. Then, repeat the application process as discussed in section 6.

7.6. At the end of the feed, nipple should be rounded (not pinched or misshapen), and milk should be found in the nipple shield when baby unlatches.

7.7. To protect milk supply when using a shield and while the baby is gaining efficiency in milk transfer, expressing after breastfeeds is recommended to maintain supply. Milk supply should continue to be monitored, as breastfeeding is becoming established. Follow the local/BFI regular expressing and breastfeeding assessments throughout the neonatal stay (6, 8).

7.8. Provide a leaflet (recommended with QR code) about use of nipple shields.

7.9. Teach family on how to clean, sterilise and store nipple shields, according to the manufacturer's instructions and local infection prevention guidance (6).

7.10. Ensure that family has been referred to the local infant feeding team (neonatal / maternity, community midwives, Health Visitor, breastfeeding support groups, Lactation Consultant, GP, etc., as relevant)(6).

7.11. Document your breastfeeding assessment and rationale for using a nipple shield within relevant paperwork that is shared with families and ongoing care / support teams (follow flowchart on Appendix III)

It is important to follow the "CHINS" positioning principles to ensure optimal attachment and therefore an adequate milk transfer.

8. Weaning

It is crucial to explain to the mother that using a nipple shield could potentially cause habituation (2, 3) and affect milk supply (3). Furthermore, it is important to explain to the mother that once a baby is successfully breastfeeding, a weaning plan should be established to encourage exclusive, direct breastfeeding.

Nipple shields are intended as a short-term solution until a baby is able to breastfeed directly from the breast (2, 8). It is essential that an individualised weaning plan is put in place prior to discharge from neonatal care and communicated to members of the multi-disciplinary team (3). To encourage weaning, consider:

- Correct positioning and attachment
- A bespoke, developmentally appropriate plan of care
- Continuing to prioritise skin-to-skin and responsiveness to early feeding cues (6)

- If baby is frustrated or unsettled on attempting to latch without the shield, apply the shield and latch. Reassure the mother that another attempt at weaning the shield can be attempted at another feed or as below.

The mother can try to wean at the beginning of the feed by (13):

- covering her nipple and areola with milk
- offering the breast without the shield when baby is sleepier prior to a feed, when the baby may be more receptive (8)
- Pumping or nipple stimulation before feed might help to protract nipple

During a feed, the mother can try (13):

- covering her nipple and areola with milk
- Removing the shield during a natural pause, when baby is calm and had some milk, perhaps when offering the other breast during the same feed
- Re-applying the shield if baby becomes frustrated without it
- Slowly decreasing time on the shield until baby accepts the breast from the start of a feed.

Smaller, premature babies might need the nipple shield for longer than bigger, term babies (often for at least 2-3 weeks or until they are corrected to full term) (9).

For a successful weaning plan, it is important to respect each baby's rhythm and actively support their mother along the way.

9. Associated documents

- Neonatal Feeding Policy - East of England (eoeneonatalpccsicnetwork.nhs.uk)
- Enteral Feeding Guideline - East of England (eoeneonatalpccsicnetwork.nhs.uk)

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APPENDIX I – Examples of different types of nipple shields

Manufacturer	Available sizes	Description
 **Avent**	**Small – 16mm** **Medium – 21mm**	**Butterfly (contact), domed tip, smooth texture**
 **MAM**	**Small – 17mm** **Medium – 20mm** **Large – 23mm**	**Butterfly (contact), oval tip, raised bumps**
 **Medela**	**Small – 16mm** **Medium – 20mm** **Large – 24mm**	**Butterfly (contact), domed tip, smooth texture**
 **Tommee Tippee**	**One size**	**Circular (*no* contact), rounded tip, raised ridges *inside* the shield may be uncomfortable for mother, *thicker* than most**
 **Ardo**	**Small – 16mm** **Medium – 20mm** **Large – 24mm**	**Butterfly (contact), domed tip, smooth texture**
 **Spectra**	**Small – 16mm** **Medium – 20mm** **Large – 24mm** **X-Large – 28mm**	**Butterfly (contact), domed tip, smooth texture**
 **Lansinoh**	**Medium – 20mm** **Large – 24mm**	**Butterfly (contact), domed tip with gradual slope, smooth texture**

 **NUK**	**Small – 16mm** **Medium – 20mm** **Large – 24mm**	**Butterfly (contact), domed tip, smooth texture**

APPENDIX II – Nipple shields for special circumstances

These shields are likely more useful for babies/mothers who continue to have difficulty in latching / maintaining a latch after trying typical nipple shields. The babies may have a strong bottle teat preference, physiological anomalies that are better supported with a specialist nipple shield, low tone, etc., whilst the mother may have nipples larger than accommodated by typical shields, low milk supply but difficulty responding to expressing, etc. *Therefore, it is **strongly recommended** that a specialist Speech & Language Therapist and/or infant feeding specialist (such as an IBCLC) lead in assessing need for, and recommendation of, these types of nipple shields.*

Haakaa – round: no contact, ridges, bumps, uses suction, transitional tool for difficult situations, if largest/thin shields are too small for mother, very thick construction; triangle base / orthodontic teat: moderately thick construction, same otherwise; their "normal" shield: no contact, smooth, no suction, thinnest of the three (similar to those in the table)

Mamivac – cherry-shaped: small 18mm and medium 22mm only; conical: small 18mm, medium 20mm, large 28mm (likely similar to those in Appendix I, but large size is the one of the largest available that is not Haakaa, with a more gradual slope from the tip than Spectra); available to order from Germany

cherry

conical

Neotech bridge (former Laally "Bridge") – 23.8mm nipple shield with a tube attached, an extension tube, and an enteral syringe (other enteral syringes will fit) for supplementation with a shield, thin, no contact, smooth

APPENDIX III – Flowchart for nipple shield use

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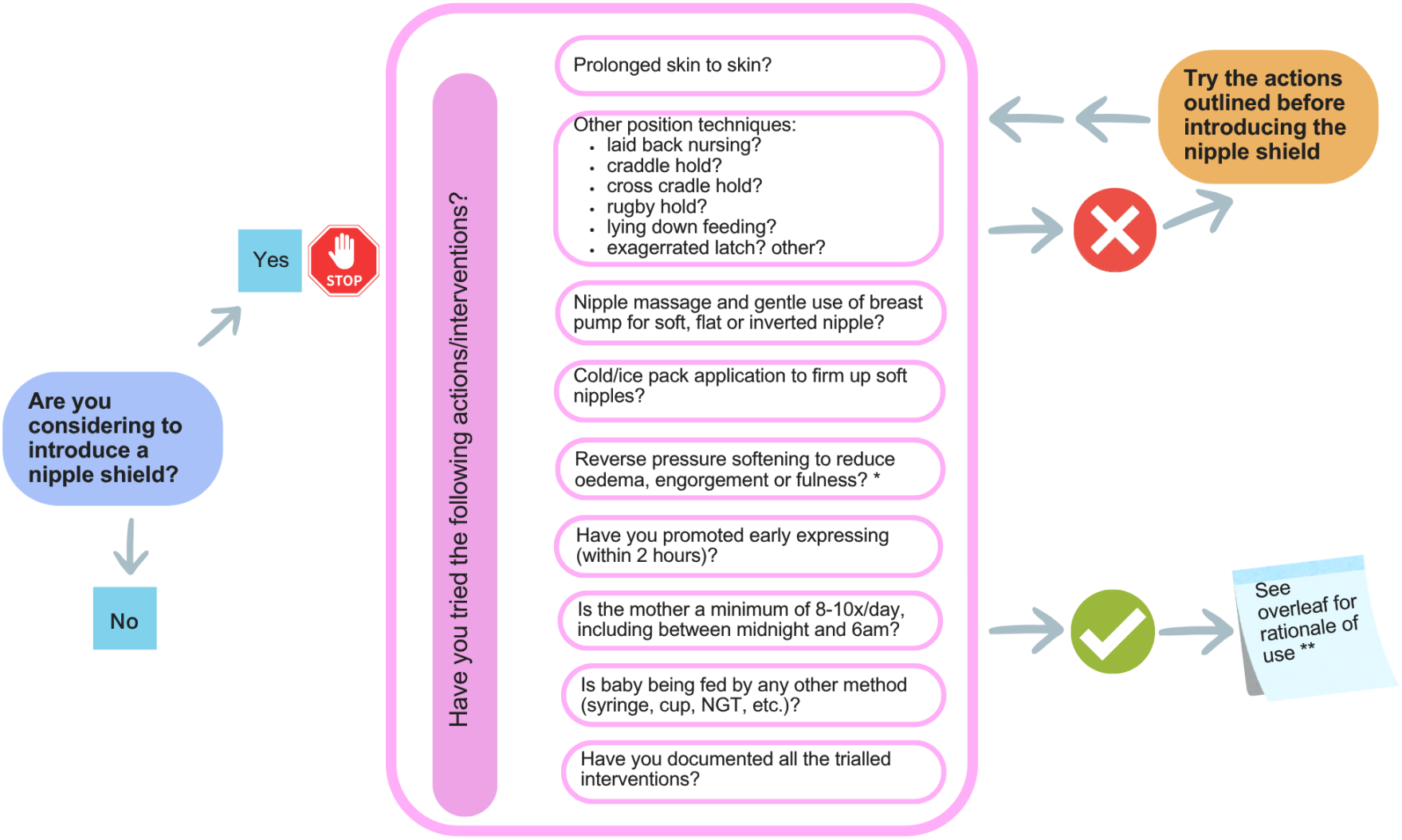
NIPPLE SHIELD USE FLOWCHART

East of England Neonatal Operational Delivery Network

Collaborative working to deliver high quality care to our babies and their families



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NIPPLE SHIELD USE FLOWCHART

East of England Neonatal Operational Delivery Network
Collaborative working to deliver high quality care to our babies and their families

***How to reverse pressure softening**

Method 1: One-handed flower hold

Method 2: Two-handed one step method

Method 3: Two-handed thumbs two-step method

SCAN ME!

**** Select rationale for use of nipple shield with a ✓**

- Baby unable to achieve or maintain attachment
- Soft, flat or inverted nipples - only when persistently non-protactile and attachment not achieved
- Babies with reduced endurance (e.g. jaundice and infection only)
- Premature or late preterm - weak suck, baby size/nipple size incompatibility
- Restricted lingual frenulum (tongue tie)
- Bottle teat-flow preference
- Sore, cracked, or bleeding nipples where latching causes pain
- Bottle feeding baby transitioning to the breast, including re-lactation or induced lactation
- Congenital conditions (e.g. mild laryngomalacia, tracheomalacia, cleft palate, micrognathia)
- Compromised baby

Sizing

Size: _____

Check:

- Is this comfortable to the mother?
- Is this the smallest size that fits?

Care Plan

- Use breastfeeding assessment score tool to ensure correct positioning & attachment
- Review expressing log
- Regular expressing & breastfeeding assessments
- Explain mother how to use nipple shield (application, cleaning, and storage) - document info given
- Teach mother breast compressions
- Inform mother about potential risks and aim for weaning plan
- Refer to Infant Feeding Team & other relevant HCPs involved in baby's care (including at discharge)

SCAN ME

APPENDIX IV – Nipple shield use – Parent Information Leaflet

Using a nipple shield

The tips for positioning & attachment that you have already learned are also applicable when using a nipple shield.

Positioning your baby

- Keep your baby close, with their chin touching the breast.
- Support their neck, but let their head tilt back slightly.
- Make sure their ear, shoulder, and hip are in a straight line.
- Start with your baby's nose at the nipple (shield), so they can tilt back and latch deeply.
- Get yourself comfortable so you can relax during the feed.

Good attachment looks like

- Baby takes a big, deep mouthful of the breast.
- More of the darker area (areola) shows above their top lip than below.
- Lips are turned out, not tucked in.
- Mouth stays at the base of the shield (not slipping around).

Extra tip
Gentle breast compressions can help milk flow and keep your baby feeding well.

SCAN ME

Cleaning & Storing the shield

Before use, nipple shields must be:

- thoroughly washed in warm, soapy water and rinsed
- dried and stored
- sterilised just before use

Weaning off the shield

- Some babies stop quickly, others need more time – both are normal.
- Stay calm and try when your baby is relaxed.

Good times to try without the shield:

- During skin-to-skin
- When switching breasts
- When baby is sleepy (e.g. night feeds)
- Ask for support from your feeding team or local breastfeeding groups if needed.

Please reach out to your local infant feeding team, if you need extra support.

ReachDeck

If you have a specific requirement, need an interpreter, a document on Easy Read, another language, large print, Braille or audio version, please contact your healthcare professional.

The links on this leaflet lead to external websites, so we have no control over their content.

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https://eoeneonatalpccsicnetwork.nhs.uk/

East of England Neonatal Operational Delivery Network

Nipple Shield Use

Parent Information Leaflet

A practical guide to using a nipple shield, with clear advice to help you and your baby feed comfortably and build confidence together.

East of England Neonatal ODN

(Hosted by Cambridge University Hospitals)

What is a nipple shield?

A nipple shield is a tool to assist breastfeeding for some babies. They are often made of thin, flexible silicone and cover the nipple and areola during breastfeeds. Your care team may suggest these if your baby is unable to maintain a latch directly on the breast. The reason for the recommendation should be discussed with you and a plan made to try this tool with support going forward.

Which one to choose?

Your neonatal unit may stock nipple shields, or you may purchase your own.

Size and shape vary by brand, but many supply three sizes.

Choose the size best suited to your baby's mouth size, your nipple diameter, and your comfort.

Most babies in neonatal care will do best with the conical shaped shield, as opposed to a rounded tip.

Applying the shield

- Warming the shield can make it more pliable (it may already be warm if just sterilised with heat/steam)
- Starting with skin to skin with your baby or breast massage and some hand expressing can trigger the letdown reflex and will also provide you with some milk to assist in application.
- Some expressed milk on the inner aspect of the "wings" can help the shield to stay in place, and hand expressing a few drops of milk into the tip of the shield will provide your baby with some milk immediately upon latching, encouraging them to continue to feed.
- Turn the nipple shield nearly inside out, stopping halfway. Place the shield centrally over your nipple, with one finger over the holes.
- Roll the edges / wings back down against your breast, with some downward / outward pressure as you release your finger from the holes. This should cause a slight vacuum, pulling your nipple and some areola into the shield.

Optimal attachment onto a nipple shield / breast

Ineffective attachment onto a nipple shield

Using breast compressions

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Exceptional Circumstances Form

Form to be completed in the **exceptional** circumstances that the Trust is not able to follow ODN approved guidelines.

Details of person completing the form:	
Title:	Organisation:
First name:	Email contact address:
Surname:	Telephone contact number:
Title of document to be excepted from:	
Rationale why Trust is unable to adhere to the document:	
Signature of speciality Clinical Lead: Date:	Signature of Trust Nursing / Medical Director: Date:
Hard Copy Received by ODN (date and sign):	Date acknowledgement receipt sent out:

Please email form to: kelly.hart5@nhs.net requesting receipt.

Send hard signed copy to: Kelly Hart
Project Support/Office Manager
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